| TO: Wisconsin Government Accountability Board | TO: | Wisconsin | Governmen | t Accou | ntabilitu | 1 Board |
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(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Sexate District (jurisdiction or district of Officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED, | | | | | |
|---|--|--|--------------------|--|--|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | | |
| 1. VIRGINIA CALAYAG | 9607 66th st Kenosha | D Town D Village D City D City | 4/5/11 | | |
| 2. Darlene Kelly | 9404 67TH ST Kenosha | Orown Ovillage Kenoska | 4/5/11 | | |
| 3. Tim Steams | 10124 70+4 57, Ken6546 | entown Ovillage Kunsshi Ercity | 4/5/11 | | |
| 4. PICHTAND BALABAGAO | 11009 GTTH ST. KONUSHA, WI | □ Town □ Village KEVSHA ©City | 4/5/11 | | |
| 5. Dan Mueller | 6822 104th Ave KANDSHU WI | O Town City Lenusha | 4/5/11 | | |
| 6. Lauren Langwinski | 6935 97TH AVE Kenosha, WI 53142 | O Town O Village State Officity Kenosha | 4/5/11 | | |
| 7. JAMES A. LALKO | 6724 111 th Ave Kendsta, w153142 | Drown Drillege KENOSHA Grafiy | 4/5/11 | | |
| 8. | | □ Town □ Village □ City | | | |
| 9. | | □ Town □ Village □ City | | | |
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| | | City |
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| 1, Celana K. Hutcher | Certification of Circulato | or , certify: |
| I reside at 4H2)- | ator's residence - include number, street, and municipality) | Lenoska, W/ |
| I personally circulated this recall petition and personal district represented by the officeholder named in this | ally obtained each of the signatures on this pap petition. I know that each person signed the pa | er. I know that the signers are electors of the jurisdiction or aper with full knowledge of its content on the date indicated a aware that falsifying this certification is punishable under |
| (date) | mail this form to: | (signature of circulator) |
| GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9 If This form is prescribed by the Government Accountability Board, P.O. Box 7984, Ma 608-266-8005, http://gab.wi.gov email: gab@wi.gov | , Wis. Stats. PO Box 26 • Silver I | Lake, WI 53170 |

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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| THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT THAN MUN | ICIPALITY OF RESIDENCE, IS NOT S | UFFICIENT. |
| THE NAME OF | THE MUNICIPALITY OF RESIDENCE MUST | ALWAYS BE LISTED. | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
| | 7107 1044 AVE #E | □ Town | 11 - 11 |
| 1. JAMES GRIFFIN | KENIDSHA.(N153142 | Village KENOSHA | 4-5-// |
| | 11111 7544 Apt 207 | □ Town | 17 |
| 2. Ruan MacDonal) | henosha, WI 53142 | D Village Kennsho | 4-5-11 |
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| 4. Junifer Hendria | 1/0,000 5/100 | Willage Kenoshe | 454 |
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| 5. Wolanda D' Jahren | Kenisha (1): 53142 | Uvillage Kenshi | 135!11 |
| 6. | 1211-K 98th Ave | □ Town | 11-10 |
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| 7. | 10105 67th 57 | CI Town | 101-1 |
| | Kenosha, W- 53142 | Village Cenosho | 4/5/11 |
| 8. | 6312 96T# AVE | Town | |
| (Paul Abts | Kenosha WI 53/42 | Village Lenosha | 4-5-11_ |
| 9. 161 N 10 | 6312 010 V AAR | ≸ Town) | |
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| 100111100 110 3 | 10513 67 St | □ Town | |
| 10. Cara Buieschonski | Kenosha W1 53/42 | Ricity Kenosha | 4/5/11 |
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| , Colona 4 | Certification of Circulat | or , certil | fy: |
| I reside at 4421- Harry | name of circulator) ASA Roll ulator's residence - include number, street, and nunicipality | Senasha, W/ | |
| I personally circulated this recall petition and person district represented by the officeholder named in thi opposite his or her name. I know their respective res §.12.13(3)(a), Wis. Stats. | s petition. I know that each person signed the | paper with full knowledge of its content | on the date indicated |
| (date) | | (signature of circulator) | |
| DI | | | |

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

Page No.

608-266-8005, http://gab.wi.gov email: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22^d Wisconsin State Senate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.

Please mail this form to:

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| STREET & NUMBER OR RURAL ROUTE Ruml address must also include box or fire no. 7105 10444 Que Unith Kenos ha, UT 53142 6804 152M Ave | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village Town Uyillage City Town | DATE OF SIGNING |
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| 53142 Kenosha Wt. | Uvillage Ferra Jus | 17/7/ |
| 6120 111th Avenue | □ Town | 1,1, |
| 1) 1 10 | Lacity Kenosha | 14/5/1 |
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Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder

petition for the recall of Robert Wirch

22^d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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| 2. | 7200 95 H AVE | Town) | 11 62 11 |
| un 16 Vola | Kenosha W1 53/42 | arcity Kenosta | 4-5-11 |
| 3. Frad All | 6417 962 Kenosha WI 53142 | O Town Village Kenasha | 4.5.11 |
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| 5. | 9410 71 st street | □ Town □ Village | 45-11 |
| www. | Kunosha, wt 53142 | orcity Kenoshy | 17351 |
| 6. Stagle Willi | 6136 1094 Ave | D Town D Village Recity | 4/5/11 |
| 7. | 6136109th Ave | □ Town , | , |
| famula valva | Kinosha, WI 53142 | Socity Genesia | 4-5-2011 |
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| . Kwin K. Hutchi | Certification of Circulato | or , certify | <i>r</i> : |
| reside at HAH Harnson | Rd. Kenosha, WI | 53142 | |
| (circu | lator's residence - include number, street, and municipality) | | |
| | | | |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. |804

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608-266-8005, http://gab.wi.gov email: gab@wi.gov

(date)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
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| gran R. | | O City / Lens met frairie | 4/5/11 |
| 5. 1 1/1/2 | 10806 84HPL | O Town | -// / |
| 3. MG// | 10200 01PLUL | (Village P) (Cultip | 4/5/11 |
| | | | 13/11 |
| 6. | 9903 WILMOT Rd | Town Place Place | Gulal. |
| | AT . | City P. Prairie | \$ 4/5/11 |
| 7. 1/ | 10205 82nd St | Jown Pl. Prairie | |
| " Karen Jb. il | 00 | Village 1. Prairie | 4/5/11 |
| - Jeman | | ′⊡ City | 7. 7.1 |
| 8. 1. 1. 1. 1. 1. 1. | 8510 2 rd J. #310 | □ Town Ø Village □ □ | 4/5/11 |
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| 10 10770 000 | | D Town | 1/0/// |
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| - Levi / Judgher | me of circulator) | , certify | : |
| reside at 9500 - 8/31 4 | E Z CO Plana | + Prairie | |
| | lator's residence - include number, street, and municipality) | nt Prairie | · |

| (circulator's residence - înclud | e number, street, and municipality) |
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| district represented by the officeholder named in this petition. I know the opposite his or her name. I know their respective residences given. I sup- | of the signatures on this paper. I know that the signers are electors of the jurisdiction or nat each person signed the paper with full knowledge of its content on the date indicated port this recall petition. I am aware that falsifying this certification is punishable under |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

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TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22th District State Senate of Wisconsin (name of Officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

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Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



| | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | | UFFICIENT. |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| " Ruth Forster | 8510 98 ane Fleasant Prairie | Dr. Village Pleasant Baire | 4-5-11 |
| 2. William Josephy > | Pleaser Revise | □ Town © Village (/ //) □ City | 4.511 |
| 3. C/M | 1818/OSTLANE Plansant Pr | ☐ Town SQ_Village \\ // ☐ City | 4-5-11 |
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| 5. W | 10409 6PM ST. KIENOSHA W. 53142 | Town Kenesha | 4/5/1 |
| Salon Barshe | 10 11 9 | ☐ Town ☐ Wings V. (1) ☑City | 45/4 |
| 7. Justin Ozduski | 11 4 11 | Town City | 45/11 |
| 8. Hug Meshes | 11104 79 st Pleasant Prairie | Drown Grillege Pleasant Prairie | 4/5/11 |
| 9 Shelly Pinter | Pleasant Prairie | □ Town 5/ Village \ / □ City | 4/5/11 |
| 10. Phillip Fetranck | 10619 821 Street Heasont Pairie XII | □ Town □ Village \\ | 4/5/11 |
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| , Geri D | ougherTY | Certific | ation of Circ | ulator | | , certify: |
| I reside at 950 | 0-81 55 - | (name of circulator) | Plead | | nairié | |
| | | (circulator's residence - inchi | de number, sfreet, and mun | icipality) | | |
| district represented by | the officeholder named in | n this petition. I know | that each person sign | ed the paper | r with full knowledge of | are electors of the jurisdiction or its content on the date indicated ertification is punishable under |
| §.12.13(3)(a), Wis. Sta | uts. <u>04/5/11</u> | | Sen y | leng. | herty_ | • |
| | (date) | | • | (sig | gnature (Frireulator) | |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1806

GAB-170 (Rev. 6-2007) The information on this form is required by §6.8.40 and 9.10. Wis. Stats.
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608-266-8005, http://gab.wi.gov.email: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of afficeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

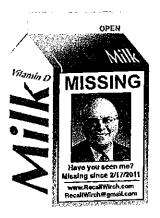
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



| | G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST | | UFFICIENT. | | | |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF | | | |
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| 1. | Pleasent Prairie | Drown Pleasant Braine | 4/5/11 | | | |
| 2. M. Keegan | 11101 84th St. Pleasant Prairie | ☐ Yown ☐ Yillage は 別 | 4/5/11 | | | |
| 3. popular | gray Ess Rose Dr. | C) Town C) Aviilage Vi C) City | 4/05/4 | | | |
| 4. Dorothy J. Clark | 7801-884 Ave #259 Pleasent Prairie | □ Town □ Joffage 以 → → □ City | 4/5-11 | | | |
| 5. Jan Bone | Spol-109th Ave Pleasant front (151535 | D Town DOYTHage N // | 45-11 | | | |
| 6. Jacky Backy | 8 1 G5 W Rige PR | □ Town Village \(\lambda \) □ City | 4-5-11 | | | |
| · Lola | 10823 7 5th St Floosta WI 53142 | Stringe II U | 4-5-1 | | | |
| Wille EBlit | PLEASANT PRAIRIE | □ Town 【Stillage \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 4-5-1 | | | |
| herein Theisin | Pl. Prairie IN 53158 | □ Town SerVillage V. // □ City | 4-5-11 | | | |
| o. Mary Murray | 9500 8/24 St U.O. Thi 63158 | □ Town St Village \ \ // // \ □ City | 4-5-11 | | | |
| Geri DougherTy Certification of Circulator , certify: | | | | | | |
| eside at 9500-8/51 #317 Pleasant Prairie | | | | | | |

| I reside at <u>9501) -</u> | 8/5 #31 | 7 Plea | roant Prairie | |
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| V -2 | (circulato | r's residence - include number, street, | | |
| district represented by the | officeholder named in this pe | tition. I know that each perso | n signed the paper with full kn | the signers are electors of the jurisdiction or owledge of its content on the date indicated fring this certification is punishable under |
| | ^(date) ′ ′ Please n | nail this form to: | (signature of firtul | alor) |

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608-266-8005, https://gab.wi.gov email: gab@wi.gov

F.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1807

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING | | |
| Mary Womas | 8580 Forfenc ton | Drown Dermant Practicity Pleasant Pract | ne 04/5/ | | |
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| 3. Wanton Coasy | \$500/816T | ☐ Town D-Village \ | 04/5/11 | | |
| 4. Day Young | 41. PR | ☐ Town ☐ Village ☐ City | 4/511, | | |
| 5. Fall & Com | 7937 16974 PP 9215 5315x | ☐ Town ¶Village \\ ☐ City | 4/5/11 | | |
| 6. Greg allila | 8000-109 AVE PLPR 53158 | ☐ Town Livillage ☐ City | 4/5/11 | | |
| Dannel York | 8/17 107, +4 AVE PL PANNIE, W/ 63158 | ☐ Town ☐ ☐ City ☐ ☐ City ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | 4/5/11 | | |
| 8. Ju Dacus | 8042 104 Here P.P. WI 53158 | D Town Difflage it // | 4/5/11 | | |
| 9. Lee Baux | 8042 104th Aug P.P., WI 53158 | D Jown Marvillage N 7 | 4/1-/1 | | |
| 10. | 9500-8I-5T- | ☐ Town ☐ Willage U // ☐ City | 4/11 | | |
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| 10. 8 7500-8I-57 | □ Town □ Town □ City | 11 ///1 |
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| I reside at 9500 -3157 # 317 Pleas | sant Prairie | , certify: |
| (circulator's residence - include number, street, an | | |
| I personally circulated this recall petition and personally obtained each of the signature district represented by the officeholder named in this petition. I know that each person opposite his or her name. I know their respective residences given. I support this recall §.12.13(3)(a), Wis. Stats. | i signed the paper with full knowled | tre of its content on the date indicate |

Please mail this form to:

Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53107-7984

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. /80

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

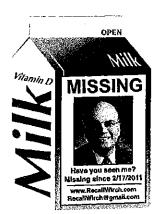
22^d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rebusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT THAN MUN | SICIPALITY OF RESIDENCE, IS NOT S | UFFICIENT. | | |
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| | THE MUNICIPALITY OF RESIDENCE MUST | ALWAYS BE LISTED. | | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF | | |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING | | |
| 1. Klenna Grane | 8117 1074h AVE | Town | 1/1 | | |
| 70000 | Pleasant Prairie, WI | Dily Pleasant Prairie | 4/5/11 | | |
| 2./ | 10968 BAIL STATION RD | □ Town // / / / / | 4 | | |
| Car Voulles m | Pleasant Bainie Rd | O City | 5/11 | | |
| 31 | 1/201-1 Ryth P1 | □ Town | | | |
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| - was ours | Preasant Pr. W/ | Dir Thanket 1. | | | |
| 5. | · | Q-Town Q-Village | | | |
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| 6. 1 1 1 2 | 7801-88 Th Ave \$50 | 1 Town Pleasant Prairie | 11/1 | | |
| O a a a a | Mayort Prairie WI 53158 | City City | 14 <i>1511</i> 1 | | |
| 7. 10 = 0.14 1 | 7601-8846 Ave \$50 | □ Town | | | |
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| Robbit Hucer | Pleasant Rang LIS3158 | city Pleasant Vialue | 4/3/11 | | |
| 9. 0 11 -1 1 | 11704 79th Place | □ Town | 11/ | | |
| - Mules Zon | Pleasant Prainic, WI 57/98 | Village Meagent Province | 4/5/11 | | |
| 10. 1. 1. 1. 1. | | □ Town | , , | | |
| ameny Shymanet | | QVillage Pleasant | 4/5/11 | | |
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| . <u>(cr) [/0491/6+7)</u> , certify: | | | | | |
| reside at 9500 - 8/57# 3/9 Pleasant Prairie | | | | | |

| <u>L </u> | | 1 d City | Proceedie | 1 4 4 1 |
|--|---------------------------------------|---|-------------------------|-----------------------|
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| I reside at 9500 - 8/57#3/9 | Pleasant | + Prairie | | · • |
| (vicculator's re | sidence - include number, street, and | d municipatity) | | |
| I personally circulated this recall petition and personally of district represented by the officeholder named in this petitic opposite his or her name. I know their respective residences §.12.13(3)(a), Wis. Stats. | on. I know that each person | signed the paper with full ki | nowledge of its content | on the date indicated |
| , , | il this form to: | / (signature of circui | lat or) | |
| | | Recall Wirch | Page No | 10-0 |
| GAB-170 (Rev.6-2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Su This form is presented by the Government Accountability Board, P.O. Box 1984, Madison, WI 608-266-8005, <u>http://gob.wi.gov</u> email: gab@wi.gov | 1.O. DOX 20 | 6 • Silver Lake, WI 53 1.com • RecallWirch@g | 3170 | 1809 |

TO: Wisconsin Government Accountability Board

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005. <u>http://gab.wi.gov</u>.com/il: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

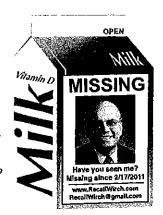
224 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING | G PURPOSES, WHEN DIFFERENT THAN MU | NICIPALITY OF RESIDENCE, IS N | OT SUFFICIENT. |
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| | THE MUNICIPALITY OF RESIDENCE MUS | T ALWAYS BE LISTED. | |
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| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
| Haily Viola | 8529-110th Avenue Pleasant Maine, W 53157 | Town Pleasant Prair | ine 4-5-1 |
| Elizabeth Olom | 10622-82nd St. Pleasant Prairie, W1 5315 | □ Town | 1 4-5-1 |
| | | ☐ Town ☐ Village ☐ City | |
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|). | | ☐ Town ☐ Village ☐ City | |
| Feri Dougherty side at 9580 -812 # # | Certification of Circulate | | ertify: |
| | llator's residence - include number, street, and municipality) | Prairie | |
| rsonally circulated this recall petition and person ict represented by the officeholder named in this site his or her name. I know their respective res. 13(3)(a), Wis. Stats. | nally obtained each of the signatures on this pa | paper with full knowledge of its con maware that falsifying this certificat | tent on the date indica |
| (date) | , | (signature of circulator) | |
| | e mail this form to: Recall V | | |

| то: Wisconsin | Government | Account | ability | Board | |
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| | | | | | |

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of officebolder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rebusing to represent the citizens of Wisconsin 22' State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | | |
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| 1. Kachael Barta | SHO 65 57. Kenosla tot 531/2 | U Town U Village Scity | The 1 | | |
| 2. DANIEL VOILET | 12207 87 AVG PL. PRAKRIG, WI | D Town SPINIAGE KENDSHA CICILY | 3.3-11 | | |
| 3. LORI MHIZTEN | 5210 65 17 Pl Kenusha, W= | D Town Dividege Gichy Kerro Shiry | 3/12/11 | | |
| 4. John Baston | 7700 Cooper RJ Kenoshi, wi 53142 | William Pleasant Prairie | 3/16/11 | | |
| 5. Kathlen Basler | 1900 Cooper Rd Kenosha WI 53147 | Strillage Hoasent Prairie | 3/16/11 | | |
| "Laure Halker | 4121-Prairie Village | Sa Village Wasart | 3-19-11 | | |
| 7. | | U Town FRACTUC U Viffage U City | | | |
| 8. | | C) Town C) Village C) City | | | |
| 9, | | ☐ Town ☐ Village ☐ City | | | |
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| | | | C) City | |
|---|-----------------------------------|-----------------------------------|-----------------------------|---|
| . NED BROOK | Certi S | fication of Circu | ılator | centify: |
| I reside at 4137 Prainte | | Pleasant | | |
| | (circulator's residence - | include number, street, and munic | ipality) | |
| l personally circulated this recall petition district represented by the officeholder nopposite his or her name. I know their re §.12.13(3)(a), Wis. Stats. | amed in this petition. I ki | now that each person signe | d the paper with full knowl | edge of its content on the date indicated |
| (date) | - /1 | | (signature of circulator) | <u> </u> |
| , , | Please mail this | form to: Rec | eall Wirch | Hara Na 4 CT 4 |
| GAB-170 (Rev. 6-2007). The information on this form is required | by §§, 8.40 scal 9.10, Wit. State | P.O. Box 26 • S | ilver Lake WI 53170 | Page No. / 🗸 / / |

This firm is presented by the Consensent Accountability frond, P.O. Box 7984, Madison, W. 53707-798. 605-266-5004 http://gob.wiston.com/il/gable/wiston www.RecallWirch.com • RecallWirch@gmail.com

| ro: | Wisconsin | i Government | Accountabilit | u Board |
|-----|-----------|--------------|---------------|---------|
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(official) with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District (jurisdiction or district of offleeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



| | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | * | UFFICIENT. |
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| 1 | 810 Karow Rb | ☐ Town | -1.1.1 |
| Carl Karow | Twintakeaus 53181 | City Win Lakes | 3/1/11 |
| Q 000 5 | 343 Sundwest Fire | C) Town | |
| MAK D | | O City Twin Lakes | 3/1/11 |
| 3. 1. 2. | 720 Ridge Ci. | O TOWN TWIN | () |
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| 4. | 117 PROGSEN 57. | □ Town | 17 |
| Kennett Rechard | SILVER LAKE, Wi 53/20 | 2 Village S. LUER LAKE | 03.4.11 |
| 5 | 27008 90 + 50 | I2Trĭovo i | |
| Gary Charman | SALEM, W. 53168 | O Village SA/em | 3-1-11 |
| 6060 | 8800 Fox Ruen Rd | th Town | |
| shelf Oldenheis | Berlington Q)18 (SHOW) | a city SAlem | 3-1-11 |
| 7 /1-0 | SLIVER LAKE WIL | vi jun n | 0/111 |
| John Sue | 3/7. NLAKE ST.45 | City Silves LAKE | 3/1/// |
| 8 A 171/40 May | 26000 Silver bake Rd | A Town | 2// |
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| nancy van Every | The Grand Control of the Control of | avillage GILVER LAKE | 3/1/11 |
| 10. | Paddock JR. | Q Town | |
| William Hasse | 24903-114 | City Paddock LK. | 3-2-11 |

| William Hosse | 24903-714 | Cicity Pad | dock lK. | 3-2-11 |
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| 1000 | Certification of Ci | rculator | t a | |
| 1, -1/40 | -HY/CLES | | , certify | ; |
| I reside at /08/2 | (name of circulator) 269 Hyle | revor , wi | 53179 | Salem |
| | teirculator's residence - include number, street, and | municipality) | , | |
| I personally circulated this recall petition and pedistrict represented by the officeholder named in opposite his or her name. I know their respective | this petition. I know that each person : | signed the paper with full knowl | edge of its content o | n the date indicated |
| §.12.13(3)(n), Wis. Stats. | | and Sa Me | 4 ' | |
| · | ase mail this form to: | Recall Wirch | Page No. | 1010 |
| GAB-170 (Rev. 6/2001). The information on this form is required by §4, 8.40 ; This form is prescribed by the Covernment Accountability Board, P.O. Biaz 79 | | • Silver Lake, WI 5317 | 0 rage No. | 1812 |

un-166-1603, <u>hipographica</u> coull: pablication www.RecallWirch.com • RecallWirch@gmail.com

| TO: Wisconsin Government Accountability | 1 Board |
|---|--|
| | The state of the state of the section of the sectio |

We, the undersigned qualified electors of the 22 Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



| | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | | JFFICIENT. |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OF RURAL ROUTE Rural address must also include box of fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. Jun da Men | 10812 269 Ave | B Town U Village SA/em | 2/28/11 |
| 2. Jack Phyloes | 1320 KaruwRd | Styllage Twin Lakes | 2/28/11 |
| 3. David Ehlest | 11629-304th aux | Driven Uvillage 5A c em UCily | 3/1/11 |
| "Michael R Irage | 36000 SakeM Vic Silver Leke Rd | artown O Village SALEM O City | 3/1/11 |
| 5. Doil A Trales | SPURE ST SILVER LAYE | Drown WI Village S/LUFA LAGRE | 3/1/11 |
| " Diana & Estersan | 10628-269 # NOE | a town U Village SAlem | 3/1/11 |
| Camistation | 10628-26974 AVE | D Village SALE | 3/1/1 |
| 8 Thoras a Matter | 25614-116th St. | Sections of $ S $ | 3/3/2011 |
| " Lary Dely | 3111 288th AVE | MTown Usliage City Brighton | 3-4-11 |
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| LACK LA | Certification of Circulate |)r' , certify | K. |
| I reside at 108/2 (circulator) Teval WIT 53/79 Salem. | | | |

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| | | | er. I know that the signers are electors of the jurisdiction or oper with full knowledge of its content on the date indicated |
| | | | aware-flat falsifying this certification is punishable under |
| §.12.13(3)(a), Wis. Stats. | | | |
| | <u>7/5/11</u> | 1) loved | Samell |
| | (date) | \ X | (signature of circulator) |

Please mail this form to:

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-176 (Rev. 6/2007). The reference about so this form is required by \$5, 8.40 and 9.10. Wis, State. This form is prescribed by the Communest Associated bity Board, P.O. Rox 2984, Mickeyn, WI 53702-2984 608-266-8005, <u>http://pdy.wi.pos</u>-email: pah@wi.gov

www.RecallWirch.com • RecallWirch@gmail.com

Recall Wirch

| TO: Wisconsin Government Accountable | lily Board whom nomination papers or declaration of candidacy for the | affice is filed) | CPEU |
|---|--|--|---|
| We, the undersigned qualified electors of the | 22 nd Wisconsin State Senate District | | Milk |
| petition for the recall of Robert Witch | (jurisdiction or district of officeholder) 22 rd District State Sexate of Wiscord (name of officeholder to be recalled and office) | | MISSING |
| from office pursuant to Article XIII, Section 1 | 2 of the Wisconsin Constitution and §.9.10 | of the Wisconsin Statutes. | |
| (The reason for recall must be stated on petitions fo the official responsibilities of the officeholder. No legislative, judicial, or county officials.) Rehusing to represent the cilizens of W | statement of reason is required to initiate the rec | The reason must be related to all of state, congressional, | Have you east ma? Missing since 2/17/2011 ent/ Recalthroth.com Recalthroth graditoum |
| THE MUNICIPALITY HERD FOR MALLIN | ig purposes, when different than mun | UCIPALITY OF RESIDENCE, IS NOT | SUFFICIENT. |
| | OF THE MUNICIPALITY OF RESIDENCE MUST | | 1 |
| SIGNATURES OF ELECTORS | STREET & NUMBER OF RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. Ly A. John | 8618 2215 AVE- SAIEM WI. 53168 | artown U village U Cily | 2-28-// |
| 2 Kennist Faler | 9747 CAMD LAKE BO. CAMD LAKE 53109 | drown Usitage SALEM | 2-28-11 |
| 3. Leure Faller | CAMPLK & 53109 | U-Town U-Villege SAIEM | 2-28-11 |
| BirdraySaper | (9747 Camplage \$3)09 | U Village Sallm | 3/1/11 |
| 5 Austo Carty | 2330 6 82 PL Salen, WI53168 | | 3/4/11 |
| Sylpus June Scheming | Silved LINE Wis | O Town Let Village 5, I VEX LAKE O City | 3-4/-// |
| Dow fleedyner | TAKUCH MY 53109 | VTown United States Sta | 3-16-11 |
| 8. | | CI Town CI Village CI City | |
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| 1 reside at /6 8 / 2 | (name of Executator) 26972 Ave Tieu 0 | K2120 | Solem |
| • | his petition. I know that each person signed the | per. I know that the signers are electors paper with full knowledge of its content | on the date indicate |

Please mail this form to: Recall Wirch

GAB-170 (Rev. AC2007) The information on this form is required by \$1, X-40 and 9.10, Win. State.

This form is prescribed by the Government Accountability Read, P.O. Box 7984, Malison, W.F. 53107-7984

P.O. Box 26 • Silver Lake, WI 53170

WWW.RecallWirch.com • RecallWirch@gmail.com

§.12.13(3)(a), Wis. Stats.

(date)

Page No. /8/4

(signature of circulator)

TO: Wiscousin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District
(jurisdiction or district of officebolder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin.

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the afficial responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



| | THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE | ALWAYS BE LISTED. MUNICIPALITY OF RESIDENCE | DATE OF |
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| Paul & Muser | 8406 Mc Henry St. | Divillage Burling ton | 3-8-11 |
| Donna M. Muur | 3406 Mc Henry St | Betom Dillage Burlington | 3-9-1 |
| Robin H. Anderson | 35405 WAVEN (C/) 5 | Unitage Burlingon | 39.11 |
| Victoria L. Known | BULLINGTON W1. 5310 | O VIAGO Burlington | 3-9-1 |
| Vision on menier | Burlington Wi | Of Town Durling ton City Burling ton | 3-9- |
| Lang & Milto | 8260 Me Honny 50 | Del Town Unitege Bunking M | 3-9-1 |
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| I reside at / 0 8 / 2 | (usine of circulator) 269—1 Aug 1 M | e.VOR 1427 | 53179 | Salen |
| | (circulator's residence - include number, street, and municip | patity) | • | |
| district represented by the officeholder a opposite his or her name. I know their re- | n and personally obtained each of the signatures on the named in this petition. I know that each person signed espective residences given. I support this regall petition | the paper with full kno | awledge of its content on | the date indicated |
| §.12.13(3)(a), Wis. Stats. | 11 Davel | A Sun | el · | |
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| | Please mail this form to: Reca | all Wirch | No. of Parties | 101 |
| QAB-170 (Rev. 6-2007). The information on this form is required | 16) 45. 8-40 scal 9.10, Wis. State P.O. Box 26 • Sil | lver Lake, WI 531 | 170 Page No. / | 1815 |

www.RecallWirch.com • RecallWirch@omall.com

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and the 2000 parties are the properties from

TO: Wisconsin Government Accountability Board

GAB-178 (Rev. 6.2007) The hallomatika can this form is required by \$5, \$40 and 9,10, Wes. Steel

The form is presented by the Communical Accommission Heart, P.O. Hea. 1984, Madison, W.I. 53 for 1984. 848-266-3003, <u>http://doi.org/10.1989</u> 1986. gdg/doi.gov

(official with whom nomination papers or declaration of candidacy (or the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



Page No.

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| Pleas | e mail this form to: | (signature profitculator) | · |

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom manimation papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconoin State Senate District

petition for the recall of Robert Wirch 22d

22 District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.

Please mail this form to:

CAR-170 (Rev. 6 2007). The hallomentation are this form to required by \$4, 8.40 and 9.10, Wit. State

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This form is presented by the Covernment Accommobility Found, P.O. Hox 7984, Madrices, WY 53707-7984



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| sonally circulated this recall petition and p | ersonally obtained each of the signatures on this pa | per. I know that the signers are electors opposer with full knowledge of its content of | of the jurisdictio |

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

| We, the undersigned qualified electors of the 2" Wisconsin State Separte District Detailment of the Part Wisconsin State Separte District Detailment of the ecell of Rabert Wirks. 2" District State Separte District Detailment of the ecell of Rabert Wirks. 2" District State Separte District Detailment of the ecell of Rabert Wirks. 2" District State Separte District Demonstration of the the ecell of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL The reason for recent must be stated an political for city, village, from, and achoed district affects. The reason must be related to the forgituding provide the entire of the edification of the glichables. No statement of reason is required to inflict the recent of state, congressional, aghdeline, judicial, or commy afficials. The municipality used for manufaction of the Wisconside To The Municipality of the edification of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the Wisconside To The Municipality of the edification of the wisconside To The Municipality of the edition of the wisconside To The Municipality of the edition of the wisconside To The Municipality of the edition of the wisconside To The Municipality of the edition | 0: Wisconsin Government Accountabil | RECALL PETITION | | OPĒN |
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| Please mail this form to: Recall Wirch | | | | |

GAU-170 (Rev. 6/2007): The followard-in centric repaired by \$2.840 and 9.10. Wis, Sees.

P.O. Box 26 • Silver Lake, WI 53170

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WWW.RecallWirch.com • RecallWirch@omall.com

Page No. /8/8

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| to: Wisconsin | Government | Accountability | 1 Broad |
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(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22^d Wiscousiu State Senate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

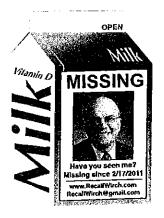
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. /8/9

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis, Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov.cmail: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of afficeholder)

petition for the recall of Robert Wirch 22d

22d District State Senate of Wisconsin

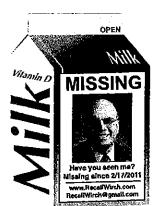
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Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



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| I, <u>Greg Nelson</u> (name of circulator) (name of circulator) (circulator's residence - include number, street, and municipality) (circulator's residence - include number, street, and municipality) | |
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| §.12.13(3)(a), Wis. Stats. | • |

Please mail this form to:

- Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 820

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wit, Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WE 53707-7984

508-266-8005, http://gab.wi.eov.email: gab@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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| I. PAUL Jimme wan Certification of Circulator | , certify: |
|---|--------------------------------|
| I reside at 8346 40th avenue Plus. Prairie WI | 53/58 |
| (circulator's residence - include number, street, and municipality) | |
| I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this cert §.12.13(3)(a), Wis. Stats. | s content on the date indicate |
| Please mail this form to: | |
| GAB-170 (Rev. 6-2007) The information on this form is required by §§. 8-40 and 9,10, Wis. Stats. P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Machison, WI 53707-7984 WWW.RecallWirch.com • RecallWirch@gmail.com | Page No. 1821 |

| TO: Wisconsin Government | Doggundahilily Board |
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| to. Illiaranain Government | Accommunity Down |
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(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

| Ve, the undersigned qualified electors of the 22rd Wiscousiu State Senate District [jurisdiction or district of officeholder] | Vilaniari | Have you seen me? |
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| petition for the recall of Robert Wirch 22d District State Senate of Wisconsin | | |
| from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. | | |
| STATEMENT OF REASON FOR RESIDENT OF THE PROPERTY O | | www.RecallWirch.com RecallWirch@gmail.com (282) 238-8422 |
| logislative, Judicial, or county officials.) Refusing to represent the citigens of Wisconsin 22d State Senate District in Madison. | | |
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| TO: Wisconsin Government Accountabil | RECALL PETITION Lity Board whom nomination papers or declaration of candidacy for the | office is filed) | 1000 |
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| We, the undersigned qualified electors of the ${f 2}$ | 2 rd Wisconsin State Senate District | | Milk |
| petition for the recall of Robert Wirch 2 | prisdiction or district of officeholder) 2 nd District State Senate of Wiscon | oiu | Have you seen me |
| from office pursuant to Article XIII, Section 12 | (name of officeholder to be recalled and office) 2 of the Wisconsin Constitution and \$.9.10 | of the Wisconsin Statutes. | |
| | TATEMENT OF REASON FOR RI city, village, town, and school district officials, i atomioni of reason is required to initiate the rec | ECALL. The reason must be related to all of state, congressional, | www.Recklifyfish.com Recallfiltch@gmal.com (262) 288-8422 |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
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| reside at 1(1) 5. Honey La | and of circulator) All MCV (Ngf) Undoor's residence—include number, sirect, and municipality) | u, h.f. 531 | 05 |
| personally circulated this recall petition and person listrict represented by the officeholder named in this apposite his or her name. I know their respective resisting (12.13(3)(a), Wis. Stats. | petition. I know that each person signed the p | aper with full knowledge of its content of a ways that falsifying this certification is | in the date indicate |
| (date) ' Please AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9. | e mail this form to: Recall W | I Page No. | 1823 |

GAB-170 (Rev.6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

CAB-170 (Rev.6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170 Www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousiu State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. | | | | |
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| THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | |
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| 3 honer Cospors | 5117 SpringBrook | D Jown Pleasant Frank 2 Village D City | 3/18/11 | |
| 4. CARIS Robbins | 5111 springbrook | Drown Pleasant Brillage PRUICIE | 3-18-11 | |
| 5. | 5630 116th Street | Drown Plant Pru | 3-18-11 | |
| 6. Ruth aldrich | 6020 116th Street | DI Town Pleasant Paurie | 3-21-11 | |
| 1. Loy March | 6030 116TH ST. | U TOWN DIVILLAS ANT FRAICE | 321-11 | |
| 8/ ORV. X1 | 5317-444 ave | D Town Village Activ Ken OSN A | 3.21.1/ | |
| 9. Thus That | 983433° ct | Drown Pleasont Prairie | 3.21.11 | |
| 10. Kriesen Gray | 4738 1000 St Wit F | Town Village Pleasant Prairies | 3/21/11 | |
| Certification of Circulator | | | | |

| | N 1 . | Certification of Circulator | • |
|-------------|--------------|---|------------|
| l, | DANN | JOHNSON) | , certify: |
| , | _ | (name of circulator) | |
| I reside at | 7/03 | 93 M AUE, KENOSHA WI | |
| _ | | (circulator's residence · include number, street, and municipality) | |
| | | | |

1 personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

03/21/2011

(signature of en

Please mail this form to:

n to: Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

Page No. 1824

GAB-170 (Rev.62007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
668-266-8005, http://gato.wi.gov cmail: gab@wi.gov W

www.RecallWirch.com • RecallWirch@gmail.com

χ.

RECALL PETITION TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING | PURPOSES, WHEN DIFFERENT THAN MUN | NICIPALITY OF RESIDENCE, IS NOT S | UFFICIENT. | | |
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| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | | |
| 1. DAVID WENTE | 612 - 7492 St. | Trown Kingsh | 3/6/11 | | |
| 2. Sut 1 Pl | 8939 33rd Ave | Town Village Chu M | 3/11/11 | | |
| 3. Bill Collins | 11964 24m Ct | Town Willage Pleusent Prairie | 3/24/4 | | |
| 4. | | □ Town □ Village □ Cily | | | |
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| 10. | | ☐ Town ☐ Village ☐ City | | | |
| Michael Thomas 1 | Certification of Circulat | or, certif | y: | | |
| I reside at 4209 68th Held Kenoha WI 53142 (circulator's residence - include number, street, and municipality) | | | | | |
| personally circulated this recall petition and person istrict represented by the officeholder named in thi pposite his or her name. I know their respective res .12.13(3)(a), Wis. Stats. | nally obtained each of the signatures on this page | aper. I know that the signers are electors | on the date indical | | |

Please mail this form to:

GAD-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov-email: gab@wi.gov

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

| TO: Wiscousin Government Accoun | <u>llability Board</u> al with whom nomination papers or declaration of candidacy for the | allice is filed) | OPIN |
|---|---|--|--|
| We, the undersigned qualified electors of | the 22d Wisconsin State Senate Distric | L Trans | Milk |
| petition for the recall of Robert Wirch | , 22 rd District State Senate of Wiscom (name of officeholder to be recalled and office) | win | Have you seen me |
| from office pursuant to Article XIII, Sect | ion 12 of the Wisconsin Constitution and §.9.10 | | Statement of Persons |
| he official responsibilities of the officeholder. legislative, judicial, or county officials.) | STATEMENT OF REASON FOR RI ins for city, village, town, and school district officials. No statement of reason is regulred to initiate the rea | The reason must be related to call of state, congressional, | www.RecellWitch.com RecellWitch@gmell.com (262) 268-9422 |
| <u>Cehwing to represent the citizens of</u> | Wisconsin 22 rd State Senate District i | <u>н Madison.</u> | |
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| | iling purposes, when different than mun Me of the municipality of residence mus | 271 | SUPPLICIENT. |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. David Boettetur | Burlington, WI 5305 | Ovillage Burlington | 30MARII |
| 2 Deana Brewchen | 340 Highudge Rd Brulington W1 53105 | D'Town. D'Village Burlington D'City | 30mar11 |
| 3. | 0 | □ Town □ Villäge □ City | |
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| 9 | | `□ Town: □ Village □ City | |
| 10. | | □ Town □ Village □ City | |
| Name of Control | Certification of Circulate | | · · · · · · |
| 1, <u>Deanna Boettcher</u> I reside at <u>340 Highridge</u> | Rd Burlington | , certify | (|
| G 0 | (circulator's residence - include number, street, and municipality) | | • |

Please mail this form to: Recall Wirch-Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

224 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



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| | BURLINGTON, W) 53105 | DVIIIAGE CRLINGTON | 39211 | |
| 5. 1 | 2317 Red Oak Dr | DELINY SONCING TO NO. | -7 - | |
| 1" Marcia Klein | | □ Village R | 3-22-11 | |
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| (CHITILA) | Salem, WI 53118 | Cily Sright 611 | 4/5/11 | |
| 9. 1/ //) // | 4810,301 Ave | Town C | 11-111 | |
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| Complete the second | 1 | | '/-/'/- | |
| U 1. | Certification of Circulato | r | . , | |
| I, WILLIAM H. STONE, certify: | | | | |
| (name of circulator) | | | | |
| reside at 1072 288 AVE — TOWNSHIP OF BRIGHTON | | | | |
| BURLINGTON, WI 53/05 | | | | |
| personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or listrict represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated | | | | |
| District represented by the officeholder named in this | petition. I know that each person signed the pa | aper with full knowledge of its content or | n the date indicated | |
| proposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 1.12.13(3)(a), Wis. Stats. | | | | |
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| AB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10 his form is prescribed by the Government Accountability Board, P.O. Box 7984, Ma | discen, WI 53707-7984 | Lake, WI 53170 | 1827 | |
| 08-266-8005, http://gab.wi.gov_email; gab@wi.gov | www.RecallWirch.com • Re | callWirch@gmail.com | | |

| <u>.</u> . | NECALL FETTION |
|----------------------------|--|
| TO: Wisconsin Government A | <u> Iccountability</u> Board |
| | (official with whom nomination papers or declaration of candidacy for the office is filed) |
| 337 .1 | a. DDd litter of Olico and Olice |

We, the undersigned qualified electors of the **22" Wiscousiu State Senate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Se

224 District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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| THE MUNICIPALITY USED FOR MAILING THE NAME OF | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | NCIPALITY OF RESIDENCE, IS NOT S LALWAYS BE LISTED. | UFFICIENT. |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fige no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
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| 2. minty ALLEN | KANSASUKCE, WI | DVillage Answer | 424/11 |
| 3. Jason Aladetsen | Kansasville WZ 53139 | Di Town Brighton City Sanson | 4/5/11 |
| 1 Ken Joy Col | 27809 181 ST KINSSEVILLE WE 53139 | orown Orillege Ocity Brighten | 4/5/11 |
| 5. Larry Clark | 701 248 Ki aue Kansas Viller WS 53139 | orown Ovillage Octy Suchtea | 4/5/11 |
| 6. Plats Scott | KANSASUITE WI | D-Jown DC Show | 4/5/n |
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| | Certification of Circulato | L* | · · · · · · · · · · · · · · · · · · · |

| Certification of Ci | rculator |
|---|--|
| I. WILLIAM H. STONE | , certify: |
| I reside at 1072 288# AVE Town | SHIP OF BRIGHTON |
| BURLING-TOW, WI Soldence - include number, street, and r | nunicipality) |
| I personally circulated this recall petition and personally obtained each of the signatures district represented by the officeholder named in this petition. I know that each person si | on this paper. I know that the signers are electors of the jurisdiction or gned the paper with full knowledge of its content on the date indicated |
| opposite his or her name. I know their respective residences given. I support this recall pe §.12.13(3)(a), Wis. Stats. | tition. I am aware that falsifying this certification is punishable under |
| 4-5-11 | Man V ston |
| (date) | (signature of circulator) |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1828

| To: Wisconsin Government Accountabi | RECALL PETTION | i | OPEN |
|--|---|--|--|
| (official with | whom nomination papers or declaration of candidacy for the | office is filed) | |
| We, the undersigned qualified electors of the $\underline{\underline{2}}$ | 24 Wisconsin State Senate Distric | t | Milk |
| petition for the recall of Rabert Wirch 2 | (jurisdiction or district of officeholder) 2 rd District State Sexale of Wiscox (name of officeholder to be recalled and office) | 1 | MISSING |
| fom office pursuant to Article XIII, Section 13 | | of the Wisconsin Statutes. | |
| • | STATEMENT OF REASON FOR R | | |
| (The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No s egislative, judicial, or county officials.) | city, village, town, and school district officials. | The reason must be related to | Have you seen me? Missing since 2/17/201 www.RecallWirch.com RecallWirch@gnall.com |
| <u>lehusing to represent the citizens of Wi</u> | sconsin 22 ^d State Senate District i | in Madison. | |
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| | G PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUS | | SUFFICIENT. |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF |
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| 3. Loveita Wolfe | 8351-Shecidan fd. | U Town U Village Scily Kenesha | 3/10/11 |
| 4. Cerol Gellmore | 8041 1944 AV | Town Wilage Kenosha | 3/14/11 |
| 5. Kish Melson - | 3127 Both St. | Town Village Kenos ha | 3/14/11 |
| 6. mary muto | 3528-89 Th Street | □ Town □ Village | 3/4/ |
| 7. Caroline Muto | 3528-89 To Street | □ Town □ Village | 3/14/1/ |
| 8. | #101 | © Town ☐ Village | 3/14/11 |
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| 10. | | ☐ Cily ☐ Town ☐ Village | |
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| . Darlene I. Br | Certification of Circulate | or , certif | y: |
| reside at 3927 - 48 Th Ave | ame of Circulator) ENHE - Kenosha Ilator's residence - include number, street, and municipality) | , Wi 53144 | |
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| personally circulated this recall petition and person district represented by the officeholder named in this apposite his or her name. I know their respective residents | petition. I know that each person signed the p | aper with full knowledge of its content | on the date indicate |
| (12.13(3)(a), Wis. Stats. | - pfastene J. | (Modjiski (signaturyoi circulator) | |

Please mail this form to:

VB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10, Wis, Stats, its form is prescribed by the Government Accountability Board, P.O. Dox 7984, Madison, WI 53707-7984.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1829

| (official with v | whom nomination papers or declaration of candidacy for the | office is filed) | |
|---|--|--|--|
| Ve, the undersigned qualified electors of the ${f \underline{2}}$ | 2 rd Wisconsin State Senate Distric | ŧ, | |
| | jurisdiction or district of officeholder) | | Wilamin D MISSIN |
| etition for the recall of Robert Wirch 2 | (name of officeholder to be recalled and office) | <u> </u> | |
| om office pursuant to Article XIII, Section 12 | of the Wisconsin Constitution and §.9.10 | of the Wisconsin Statutes. | •= |
| S The reason for recall must be stated on petitions for he official responsibilities of the officeholder. No st gislative, Judicial, or county officials.) efusing to represent the cilizens of Win | atement of reason is required to initiale the red | The reason must be related to call of state, congressional, | Have you seen in Misaing aince 2/17 werk.RecallWirch @ gmall |
| THE MINICIPAL BY HEED BOD MAILING | DIBBOSES AVIEW DISSERBUT THAN MOS | NGIBALITY OF BYSINS NG | C. IC. NOT SUPERCUENCE |
| | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | | s, is not sufficient. |
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| 1. Jones Wolling | 811964th Ave Kenosha W 53142 | D Town D Village RCity | 3/19/2011 |
| 2. | 8119 64th Ave Kenosha WI 53142 | □ Town □ Village Kenosha Socily | 3/19/2011 |
| 3. BARR WALLEN | 1450-29CT Kenosha Wis 53140 | O Town O Village A EUOS | MA 3/19/11 |
| 4. | | ☐ Town ☐ Village ☐ City | |
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| 0. | | □ Town □ Village □ City | |
| Mathew Raymond Hans | Certification of Circulato | r | , certify: |
| eside at 1720-21 St. (naz | the of circulator) Kenocha WI 53140 ator's residence - include number, street, and municipality) | | |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that I listfying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10. Wit, Stats, This form is prescribed by the Government Accountability Bread, P.O. Box 7884, Madison, WI 53707-7984 608-266-8005, http://gat.wi.gov_exmit.gab@wi.gov_

(date)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

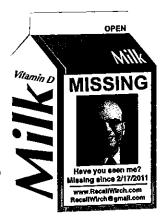
22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
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| 3. Lon Land | 6210 34mane Kanosh Lu 5342 | D Town D Village Proily | 2.27.11 |
| 4. Danielle Doort. | 6210 34 th Ave Kensona, W1 53142 | D Town D Village CERCITY DECITY | 2.27.11 |
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| I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of |
| district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated |
| opposite his or her name. I know their respective residences given. I support this recall petition. I am awaye that falsifying this certification is punishable under |
| opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats. 4-4-// |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 1831

(date)

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



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| MARIAN HAMES Certification of Circulator | , certify: |
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| I reside at 24606 6774 57. SALEM, WIT 53168 | PADDOCK LAKE |
| (circulator's residence - include number, street, and municipality) | |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. Lany aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING THE NAME OF | Purposes, when different than mun the municipality of residence must | 755 | uppicient. |
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| 2. Quandal banook | 332 Monroe Ooe. | O Village Burlington | 3/31/11 |
| Mayarie Hoffman | 318 Monica Ave | o Town Borlington scily | 4/1/11 |
| BARBARA A POPP | 306 Monica Ave | D'ITOWN D'Villege Burlington | 4-1-11 |
| Serald Paper | 306 MONICA AVE | D Town □ Villege ACtiy | 4/1/1 |
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| I reside | eat <u>へ つう</u> | 2 Monica | Ave | Burlington, WI | | |
| | (circulator's residence - include number, street, and municipality) | | | | | |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

§.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 83=

TO: Wisconsin Government Accountability Board

§.12.13(3)(a), Wis. Stats.

648-266-8005, http://gab.wi.gov_comail: gab@wi.gov

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats

This form is prescribed by the Government Accountability Board, P.O. Box 1984, Madison, WI 53707-7984

tofficial with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22' State Senate District in Madison

| | OPEN | | |
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| | Milk | | |
| Vitamin D | Have you seen me? | | |
| Milk | www.RecallWireh.com RecallWireh@gnall.com (262) 208-9422 | | |

| THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & MUNIBER OR RUBAL ROUTE Rumladdress must also include box or fire no. Hunicipality of RESIDENCE Rumladdress must also include box or fire no. Rumladdress must also include box or fire no. Hunicipality of RESIDENCE SIGNING Town Village City 1 Town Village City 1 Town Village City 5. 1 Town Village City 1 Town Village City City 1 Town Village City City City City City City City City | THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. | | | | | |
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know, their respective residences given. I support this recall petition. I am, aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

/Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

22d District State Senate of Wisconsin petition for the recall of Robert Wirch

608-266-8005. http://gab.wi.com email: gab@wi.gov

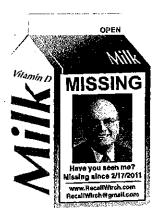
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING THE NAME OF | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | SICIPALITY OF RESIDENCE, IS NOT SU FALWAYS BE LISTED. | UFFICIENT. | |
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| * Jamie Markinsen | 348 Edward St. | Town Durlington | 4-5-11 | |
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| 10. Luis Gnevara | 249 Parkview or | Drown Bur Ington | 4-5-11 | |
| Certification of Circulator , certify: | | | | |
| reside at 100 Crossuay Rd. Burlington, Wi | | | | |

| Certification of Circulator Laschnewski | , certify: |
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| I reside at 100 Crossuay Rd. Burlington, 1 (circulator's residence - include number, street, and municipality) | V _I |
| I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the district represented by the officeholder named in this petition. I know that each person signed the paper with full knowl opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifyin §.12.13(3)(a), Wis. Stats. | ledge of its content on the date indicated |
| (signature of circulator) Please mall this form to: Recall Wirch GAB-179 (Rev. 6/2007) The information on this form is required by \$5, 8.40 and 9.10. Wis. Stats. P.O. Box 26 • Silver Lake, WI 5317 | Page No. 100 - |

| TO: Wisconsin Government Accounts | RECALL PETITION | <u> </u> | |
|--|---|--|---|
| (official s | rith whom nomination papers or declaration of candidacy for the | | OPEN |
| we, the undersigned qualified electors of the | 22d Wioconsin State Senate District (jurisdiction or district of officeholder) | Vilamin D | WIIIN |
| petition for the recall of Robert Wirch | 22d District State Senate of Wiscon (name of officeholder to be recalled and office) | | MISSING |
| from office pursuant to Article XIII, Section | 12 of the Wisconsin Constitution and §.9.10 | of the Wisconsin Statutes. | |
| the official responsibilities of the officeholder. N legislative, judicial, or county officials.) | STATEMENT OF REASON FOR RI for city, village, town, and school district officials. to statement of reason is required to initiate the rec | The reason must be related to wall of state, congressional, | Have you seen ma? Missing since 2/17/2011 wave. RecallWirch@gmail.com |
| <u>Kehusing to represent the citizens of L</u> | <u>Visconsin 22rd State Senate District i</u> | n Madison. | |
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| 2. Miles Atenue | 701 Chan Ch. 20105 | Drown Burlington | 4/5/2011 |
| 3. (//) | 425 S. Kendrick Ave | Town Utillage Socily Burlington | 4/5/11 |
| 4. Jenniter Hudson | 1000 Meadow In | O Town | 4-5-11 |
| 5. Rack | 848 Ridgement Dr | Town O'Village B | 1-5-11 |
| 6. Sitter Captuell | 439 Dale DR | O Town Burling Ton | 4-5-11 |
| 7. Mall | 1100 Crossing Pol | or Town Dilling Bulling ton | 1-5-11 |
| 8. Grath Kraschnew | 1100 Crossway Rd | O Village Burlington | 4-5-11 |
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| | irculator's residence - include number, street, and municipality) | , | |
| district represented by the officeholder named in t | sonally obtained each of the signatures on this pap his petition. I know that each person signed the p residences given. I support this recall petition. I an | aper with full knowledge of its content a | on the date indicated |
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| (date) | 7) | (signature of circulator) | |

(signature of circulator)

Please mail this form to: Recall Wirch

GAB-170 (Rec. 6/2007). The informative on this form is required by \$8. 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Beard, P.O. Box 7984, Madrison, WI 53707-7984

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1836

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. | | | |
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| THE NAME OF | THE MUNICIPALITY OF RESIDENCE MUST | ALWAYS BE LISTED. | - |
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| | 425 Park Ave | □ Town | / / |
| Juli Kauhild | Bulington WI 53105. | areily BMT124120 | 3/15/11 |
| 111 | 1405 River Knoll | &L-Town _ | / |
| 2. Joan Milly | BURLINGTON MIS 3/05 | O City EWILINGTON | 3/38/11 |
| 7,000 | | □ Town | 7.5.5 |
| 10. | BD3 Conkey St. | UVIIIage BULINGTON | 1414/1/ |
| 1,4,4 | Burlington WI 53105 | 22 City | |
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| , \ | TARK | STARZYK | Certification of Circulator | , certify: |
|-------------|------|-----------|--|--------------------|
| 1 reside at | 3940 | 5 Yamo M. | (none of circulator) Drubus bake Wt 53159 reulator's residence - include number, street, and municipality) | Po Box 156 Randall |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying his certification is punishable under

§.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007). The information on this form is required by §§. 8.40 and 9.10, Wis. Stats This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov/email: gab/d/wi.gov

(date)

| | RECALL PETITION | | |
|--|---|--|--|
| TO: Wisconsin Government Accountab | | | OPEN |
| | n whom nomination papers or declaration of candidacy for the | / 1 | |
| We, the undersigned qualified electors of the | | <u>t</u> . | Milk |
| | (jurisdiction or district of officeholder) | Vitamin | ^o MISSING |
| petition for the recall of Robert Wirch | 224 District State Sexale of Wiscon (name of officeholder to be recalled and office) | win _ | |
| from office pursuant to Article XIII, Section 1 | 2 of the Wisconsin Constitution and §.9.10 | of the Wisconsin Statutes. | |
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| (The reason for recall must be stated on petitions for | r city, village, town, and school district officials. | The reason must be related to | Have you seen me? Missing since 2/17/2011 |
| the official responsibilities of the officeholder. No: | statement of reason is required to initiate the rec | call of state, congressional, | www.RocatiWirch.com |
| legislative, judicial, or county officials.) | | | RecallWirch@gmail.com |
| <u>Rebusing to represent the citizens of W</u> | <u>isconsin 22ª State Senate District i</u> | n Madison. | |
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| THE MUNICIPAL ITY USED FOR MAIL IN | G PURPOSES, WHEN DIFFERENT THAN MUN | NCIDAL LEV OR REGISTRATE AS VICE | Otton con on |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OF RURAL ROUTE | | D. L'ED OD |
| SKI WI SKED OF ELLECTORY | Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1 10 1/2 | 8403 25th AVE | Town | |
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| 5. Brent Hall | 5721 32nd Ave! | ☐ Town | 1 |
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| 6.Marketta | 5122 IUI ST. | □Town Ø | |
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| 7 () | 9274- Creekarde Cul | □ Town ⊃ - | |
| "Konna Cansen | Pleasail P. W. | DVillage Lleasen R. | 3-24-1 |
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| William Means | Certification of Circulato | r | |
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| 1, - July 17 Ways | | | , certify: |
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| I reside at 346/ 1094 | (nanse of circulator) STREET PLASCUS | Prairie WI 3 | |
| | (circulator's residence - include num | nber, street, and municipality) | |
| district represented by the officeholder nat | ned in this petition. I know that e | this recall petition. I am aware the factor of the factor | ow that the signers are electors of the jurisdiction or th full knowledge of its content on the date indicated that falsifying this certification is punishable under re of circulator) |

Recall Wirch

| TO: Wisconsin Government Accountabil | RECALL PETITION ily Board | | OPEN. |
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| | shom nomination papers or declaration of candidacy for the o | / | Milk |
| We, the undersigned qualified electors of the $\frac{2!}{6!}$ | urisdiction or district of officeholder) | Vilamin D | MISSING |
| petition for the recall of Robert Wirch 2 | 2 rd District State Senate of Wiscons (name of officeholder to be recalled and office) | siu | |
| from office pursuant to Article XIII, Section 12 | of the Wisconsin Constitution and §.9.10 of | of the Wisconsin Statutes. | |
| S (The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No st legislative, judicial, or county officials.) | TATEMENT OF REASON FOR RE city, village, town, and school district officials. I atement of reason is required to initiate the reco | The reason must be related to | Have you seen me? Missing since 2/17/2011 www.Recall\thrch.com Recall\thrch@gmall.com |
| Refusing to represent the citizens of Win | <u>sconsin 22ª State Senate District i</u> | u Madison. | |
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| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
| Dr. Oliver Wilhetitone | Ken orlae. We 5343 | Ullage Kenesha | 14/5/11 |
| 2. A. A. 11 11 11 11 11 11 11 11 11 11 11 11 11 | 2567 Lincolnfd | Town Village Konnostra | 16-11 |
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| I reside at 542 /1 PAL. | Kenasha, Wisc. 531 | 140 | |
| I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective res | nally obtained each of the signatures on this pay s petition. I know that each person signed the p | per. I know that the signers are electors paper with full knowledge of its content | on the date indicate |
| §.12.13(3)(a), Wis. Stats. $4-5-1/$ | nucinces given. I support this recan perition. Tall | in aware that raisitying this certification i | |
| $\frac{75-77}{\text{(date)}}$ | | (signature of circulator) | |

Please mail this form to:

Recall Wirch

| TO: Wisconsin Government Accountab | RECALL PETITION illy Board h whom nomination papers or declaration of candidacy for | | OPEŇ. |
|--|--|---|--|
| We, the undersigned qualified electors of the | | int | MISSING |
| petition for the recall of Rehert Wirch | | 1 | |
| from office pursuant to Article XIII, Section | | | |
| (The reason for recall must be stated on petitions f the official responsibilities of the officeholder. No legislative, Judicial, or county officials.) Refusing to represent the citigens of U | statement of reason is required to initiate the | ls. The reason must be related to recall of state, congressional, | Have you seen me? Missing since 2/17/2011 mww.RecallWirch.com RecallWirch@gmall.com |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTI Rumi address must also include box or fire m | MUNICIPALITY OF RESIDENCE | E DATE OF SIGNING |
| 1. Det Olego | 11934 187 # AVE | Town M Village TS P IS TO L City | 4/5/2011 |
| 2. Don Hololof | 11934 187 AVE | D Town Strillage O City Bristol | 4/6/2011 |
| 3. | | ☐ Town☐ Village☐ ☐ Cily☐ | |
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| 10. | | ☐ Town ☐ Village ☐ Clly | |
| ROGER H. PHEL | Certification of Circu | lator | certify: |
| I, ROGER H. PHEZ | (name of circulator) (E. BRETOL, WI 5. (circulator's residence - include number, street, and municipal control of the contro | | |
| I personally circulated this recall petition and pedistrict represented by the officeholder named in opposite his or her name. I know their respective §.12.13(3)(a), Wis. Stats. | | I am aware that falsifying this certific | |
| (date) | ease mail this form to: Rec | (signature of circulator) all Wirch | Page No. 10115 |

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

P.O. Box 26 • Silver Lake, WI 53170

Www.RecallWirch.com • RecallWirch@gmail.com

Www.RecallWirch.com • RecallWirch@gmail.com

Page No.

TO: Wisconsin Government Accountability Board

608-266-8005, http://gab.or.gov-email: gab@wi.gov-

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

22rd District State Sexate of Wisconsin (name of officeholder to be recalled and office) petition for the recall of Robert Wirch

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, Judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.

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| Vitamin D | MISSING |
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| 1 | Have you seen me? |
| | Missing since 2/17/2011 |
| | www.RecallWirch.com RecallWirch@gmail.com |

| The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. The name of the municipality of residence must always be listed. | | | |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. Glasta Petterson | 11926 333 BD AVE | Strown RANDAU MASS | 3/8/11 |
| 1. Yolorta Petterson 2. Yhomo Cettera | 11926 333 RD AVE TWIN LAKES WI 53181 | Brown PANDAU/ Brown PANDAU/ Brown PANDAU/ | 3/8/11 |
| 3. an Works | 41.6 5 Cogswell Silver Lake W: 53170 | D Town | 4/4/11 |
| 4. | | □ Town □ Village □ City | |
| 5. | | ☐ Town ☐ Village ☐ City | |
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| | Certification of Circulate |)r | |

| 10. | | □ Town □ Village □ City | |
|--|---|--|-----------------------|
| " KATHY J WOO | Certification of Circulate | or, certify | y: |
| I reside at 102 E CHESTN | UT ST SILVER L lator's residence - include number, street, and municipality) | AKE WI 53178 | <u> </u> |
| I personally circulated this recall petition and personal district represented by the officeholder named in this opposite his or her name. I know their respective resides. 12.13(3)(a), Wis. Stats. | petition. I know that each person signed the p | paper with full knowledge of its content | on the date indicated |
| (date) | | I Page No | 1841 |

TO: Uksconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING THE NAME OF | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | ICIPALITY OF RESIDENCE, IS NOT ST ALWAYS BE LISTED. | UFFICIENT. |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. Joan boens | 3524-7. th Ave Applys | Drown Renostre | 3-17-11 |
| 2. Cind Som | 3920 86+6 5+ Kanosha WI 53142 | Drown Pleasant Prairie | 3/17/11 |
| 3. Vill Seem | 3524-726 Que. Aptil9 | U Town U Village Xensol 53140 | 3/19/11 |
| 4. JIMMY, RIVERS | 3/24-7+Auxor | U TOWN U Village CE NOSHA | 3/20/11 |
| 5. Make I | 16506 75 TH ST BRISTOL WI | D Town Selvillage BRISTOL D City | 3/26/11 |
| 6. Pd A | 4011 9320 ST KENUSHA YII 53142 | U Town U Village (EN) SHA | 3-29-(1. |
| 7. | | □ Town □ Village □ City | |
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| 10. | | □ Town □ Village □ City | |
| 10. Candia Spo | Certification of Circulato | □ City □ Town □ Village □ City | 7 , |

| I reside at | Lenosha W 53/42 |
|---|---|
| I personally circulated this recall petition and personally obtained each of the s district represented by the officeholder named in this petition. I know that each opposite his or her name. I know their respective residences given. I support thi §.12.13(3)(a), Wis. Stats. | signatures on this paper. I know that the signers are electors of the jurisdiction or a person signed the paper with full knowledge of its content on the date indicated is recall petition. Large aware that falsifying this certification is punishable under |

Please mail this form to:

- Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. State This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 33707-7984 608-266-8005, (http://gab.wi.gov. com/il.gab@wi.gov

www.RecallWirch.com • RecallWirch@gmail.com

| TO: Wisconsin Government Accounts | RECALL PETITION | 07 | ОРЕН |
|---|---|--|--|
| · | with whom nomination papers or declaration of candidacy for the e 22 Wiscousiu State Senate District (jurisdiction or district of officeholder) | | Have you seen me? |
| petition for the recall of Robert Wirch | 22 st District State Sexate of Wiscom (name of officeholder to be recalled and office) | A . | Have you see I have |
| from office pursuant to Article XIII, Sectio | n 12 of the Wisconsin Constitution and §.9.10 | of the Wisconsin Statutes. | N. A. |
| the official responsibilities of the officeholder. I legislative, judicial, or county officials.) | STATEMENT OF REASON FOR RI is for city, village, town, and school district officials. No statement of reason is required to initiate the red Wisconsin 22 ^d State Senate District i | The reason must be related to call of state, congressional, | www.RecellWirch.com RecellWirch@gmail.com (282) 295-9422 |
| THE MUNICIPALITY USED FOR MAIL | ING PURPOSES, WHEN DIFFERENT THAN MUN | NICIPALITY OF RESIDENCE, IS NOT S | SUFFICIENT. |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. Kellyh (Dan | Kenusha WI SSIYL | Town Parvillage Circliny | 4/5/2011 |
| 2. | | ☐ Town ☐ Village ☐ City | |
| 3. | | ☐ Town ☐ Village ☐ City | |
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| 10. | | ☐ Town☐ Village☐ City | |
| Kelly Olson | Certification of Circulate | or, certil | ў : |
| I reside at 25, 12723 /5dm | d Ave Kenusha L. I. (circulator's residence - include number, street, and municipality) | 53142 | |
| l personally circulated this recall petition and p district represented by the officeholder named in | ersonally obtained each of the signatures on this pa a this petition. I know that each person signed the p | per. I know that the signers are electors paper with full knowledge of its content | of the jurisdiction on the date indicate |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$.12.13(3)(a), Wis. Stats.

(date)

(signature of circulator)

Please mail this form to:

Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



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| THE NAME OF | THE MUNICIPALITY OF RESIDENCE MUST | ALWAYS BE LISTED. | |
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| 1. Davida Hell | 311)) 76th St | (Driown | 2-10-10-11 |
| DavidcHill | Schen ai 5368 | a Village St. C.M. | 3-1000 |
| 2. The Whete | 117 HotiePr | D. Town Silve Like | 3-11-11 |
| Martin Wiechert | Silve Lahe, WI 53170 | D City | 5 /6 // |
| 3. | 1522 E LeKadure Drivo | @ Town | |
| Denis Hubband | TWIN LEIKE WIT 5318) | O Village Twin Lakes | 3-6-11 |
| 4 Tracey DoyACA | 9389 402nd Ave | X Town | , |
| 121 Varlato | Genoa City WI 5312B | O'Village Randall | 3-10-11 |
| 5. | J | ☐ Town | |
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| 10. | | D Tovm D Village D Cily | |
| · blad | Certification of Circulator | | |
| 1, <u>JTEPhel</u> | | , certify | ": |
| 1 reside at 9389 402 nd | AUP. Genou City WI. | 53128 fown of | Randall. |
| (cire | ulator's residence - include number, street, and municipality) | , | |
| I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective res § 12.13(3)(a), Wis, Stats. 3-10-201 | s petition. I know that each person signed the paperidences given. I support this recall petition. I am as | er with full knowledge of its content o | on the date indicated |
| (date) | ·· | ignature of circulator) | |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. 1844

This form is presented by the Consensured Accountability Board, P.O. Hon. 7984, Mackison, WT. 53207, 7984 608-266-8005, <u>http://githur.gon</u>.cmm?; gab@wi.gon

GAB-178 (Rev. & 2007). The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

| ma III'aa aa'a Gaartaa aad Gaartaa | RECALL PETITION | | |
|---|--|---|--|
| TO: Wisconsin Government Accountal | ILLUST DELVILL ith whom nomination papers or declaration of candidacy for the | office is filed) | OPEN |
| | 22d Wisconsin State Senate District | | Milk |
| petition for the recall of Robert Wirch | (jurisdiction or district of officeholder) 22 ^d District State Senate of Wiscon (name of officeholder to be recalled and office) | SÜN Vilamin L | MISSING |
| from office pursuant to Article XIII, Section | 12 of the Wisconsin Constitution and §.9.10 | of the Wisconsin Statutes. | |
| the official responsibilities of the officeholder. N legislative, judicial, or county officials.) | STATEMENT OF REASON FOR RI for city, village, town, and school district officials. It is statement of reason is required to initiate the rec | The reason must be related to call of state, congressional, | Have you seen me? Missing since 2/17/2011 www.RecallWirch.com RecallWirch@gmall.com |
| <u>Kehusung to represent the citizens of U</u> | <u>Visconsin 22ª State Senate District i</u> | н үчишөен. | |
| | NG PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST | | SUFFICIENT. |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| "fill O Ovill | 4303-24th St Kenosha WJ 53144 | U Town U Village Ya Cily Kenosha | 3/11/11 |
| Sagura A. Agraton | CA KENDALA, WA 53140 | C Town | 3/13/11 |
| 3. Short X St | Kepsk WE 53148 | Village Kerrosher | 4/5/11 |
| 4. | | ☐ Town ☐ Village ☐ City | |
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| 6, | | □ Town □ Village □ City | |
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| 10. | | □ Town □ Village □ City | |
| , Jill Ovitt | Certification of Circulate | D r , certif | у: |
| 1 reside at 4303-24 St | (name of circulator) KLNOSha, WT. 53 circulator's residence - include number, street, and municipality) | 144 | |
| I personally circulated this recall petition and per district represented by the officeholder named in | rsonally obtained each of the signatures on this pa this petition. I know that each person signed the p | per. I know that the signers are electors paper with full knowledge of its content | of the jurisdiction of the date indicate |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that talsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to: (

(signature of circulator) Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

GAB-470 (Res. 6/2007). The information on this form is respired by §\$, 8.40 and 9.10, Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7994, Madison, WI 53702-7984 (88-266-8005, http://gab.vi.gov.cmail.gab/g/wi.gov.

TO: Wiscousin Government Accountability Board (official with whom nomination papers or declaration of candidacy for the office is filled)

We, the undersigned qualified electors of the 22d Wiscousiu State Senate District

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin (name of officeholder to be recalled and office).

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and § 9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school distributed of its present the official responsibilities of the officeholder. No statement of reason is required to initially the reason of state, controlled legislative, judicial, or county officials.)

Rebusing to represent the citizens of Wisconsin 22" State Sehate District in Madison

| | A Comment of the Comm | | |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE | DATE OF SIGNING |
| Evelyn M. Sarrity | 420 S. English, Sittlement Au Burlington, Wi 53105 | Town Racine County, UNINGE Bulington | 4-7-2011 |
| 2 | | □ Town U □ Village □ City | |
| 3. | | ☐ Town ☐ Village ☐ City | |
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| 9, | | □ Town □ Village □ City | 4 |
| 10. | | □ Town □ Village □ City | |
| | | | , , |

| I, Evelyn m Harrity Certification of Circulator | , certify: |
|---|---------------------------|
| I reside at 420 S. English, Sottlement Bue Builington Wi 53105 | |
| (circulator's residence include multiper, street, and municipality) | than a month to the first |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1846

lave you seen me

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov email: gab@wi.gov W

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



| Rural address must also include box or fire no. Y722 7107 | SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE |
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| 036 5/5t AUE KENDSHA WI 53142 (circulator's residence - include number, street, and municipality) | | | per. I know that the sigilers are electors | |

P.O. Box 26 • Silver Lake, WI 53170

| TO: Wisconsin Government Accountabi | RECALL PETITION Lity Board | | 100 TO 1311 |
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| (official with We, the undersigned qualified electors of the $\underline{2}$ | whom nomination papers or declaration of candidacy for the | | Milk Have you seen me? |
| petition for the recall of Robert Wirch 2 | • . | siu | Have you seen men |
| from office pursuant to Article XIII, Section 1 | , | | |
| (The reason for recall must be stated on petitions for the official responsibilities of the officeholder. No s legislative, Judicial, or county officials.) | city, village, town, and school district officials. tatement of reason is required to initiate the red | The reason must be related to call of state, congressional, | www.RecallWirch.com RecallWirch @gmall.com (262) 298-9422 |
| Refusing to represent the citizens of Wi | oconour 22° State Senate District C | н үчишөөн. | |
| | G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST | | UFFICIENT. |
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| , William A. Borchan | Certification of Circulate | or, certify | <i>'</i> : |
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| I personally circulated this recall petition and perso district represented by the officeholder named in thi | | | |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

(signature of circulator)

Page No.

Please mail this form to: Recall Wirch

GAB-170 (Rev.4:2007) The information on this form is required by \$§, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madisoo, WI 53707-7984

608-266-8005, http://gab.wis.gov

P.O. Box 26 • Silver Lake, -WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats

608-266-8005, http://gab.wi.vov_email: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

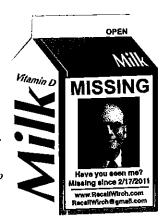
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



Page No.

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| I reside at 12139 | <u> 3917 -</u> | | TERSAU F or's residence - include numbe | | | 11.70 | |
| | | (cacuan | or s residence - include numbe | r, sircer, and manter | panty) | | |
| I personally circulated this | recall petition | and personall | ly obtained each of the | signatures on th | nis paper. I know | that the signers a | are electors of the jurisdiction o |
| | | | | | | | its content on the date indicate |
| | know their res | spective reside | nces given. I support th | is recall petition |). I am aware tha | t taisilying inis ce | rtification is punishable under |
| §.12.13(3)(a), Wis. Stats. | 4/6/2 | 8// | | your | 6. Sty | ly | |
| | (date) | | | / | (signatur of | f circulator) | |
| | | Please i | mail this form to: | / Rec | all Wirch | | |

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board (official with whom nomination papers or declaration of candidacy for the office is filed) We, the undersigned qualified electors of the 22 Wisconsin State Senate District Have you seen me? (jurisdiction or district of officeholder) 22" District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office) from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes. STATEMENT OF REASON FOR RECALL (The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, (262) 298-9422 legislative, ludicial, or county officials.) Rebusing to represent the citizens of Wisconsin 22rd State Senate District in Madison. THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. DATE OF MUNICIPALITY OF RESIDENCE STREET & NUMBER OR RURAL ROUTE SIGNATURES OF ELECTORS SIGNING Rural address must also include box or fire no Indicate Town, City, or Village □ Town 5506 washing by □ Village Z City **X**Í.Town 3-27-11 □ Village 323 WILMOT, WI City_ 336 H AVE Town Ullage 4/6/2011 11719 P.O. BOX 323 WILMOD City [□ Town C) Village D Cliv □ Town □ Village City □ Town 6. Village □ City □ Town 7. □ Village City □ Town 8. □ Viliage □ City □ Town 9. □ Village □ City □ Town 10. □ Village City City **Certification of Circulator** (name of circulator) RANDALL TOWNSHIP I reside at (circulator's residence - include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats P.O. Box 26 • Silver Lake, WI 53170 This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, http://gab.wi.gov email: gab@ni.gov

Please mail this form to:

(date)

Page No.

(signature of circulator)

Recall Wirch

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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| 2. Sam Pather | 2901 10 PM PL | OVIllage Sonens | 4/5/11 |
| 3. Then Poly | 969 Wood X d | PLTown ☐ Village ☐ City □ Village | 4/5/11 |
| Dust Swencki | 176 28 Ave RACINE, WI 53403 | A Town U Village City SOMENS | 4/5/11 |
| 5. Lit Reishel | 2515 14-47-LAKE KENOSHA, WI | Drown SomERS City | 04-0541 |
| 6. Bitty Robinson | 2627 //th St Kenosha, WI | etTown U Village 5 omers | 45-1 |
| Tober You | KENDSH WI | O'City Town Comercial City | 4-5-11 |
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| I reside at | 482 | .9 | Old | me of circulator) 6 re en ator's residence - includ | | | | , WI | 53403 | Soiners |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

| TO: | Wisconsin | Government | Account | ability | Board |
|-----|-----------|------------|---------|---------|-------|

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| 1. Elvira Orth | 123-26 AUE Raane, W/ | Town SomeRS | 4-5-11 |
| 2. Angelika Klanne | Kenosha. W | a Somes | 4.5.17 |
| 3. Condret | 123 26 Mg Racing | □ Village □ City □ City | 4/5/4 |
| 4. CHas Hacian | 720 SHERBAN RD KENOSHA, WI 53140 | a Town U Village City | 4/5/11 |
| 5. Simon B. Ortiz | 104 WADA KD. | D City D Town D Village D City Somews | 4/5/11 |
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| district repre opposite his | esented by the office | , | s petition. I know iidences given. I si | that each perapport this re- | rson signed call petition | the paper with fundamental that the paper with the pap | all knowledge of falsifying this co | its content on the description is punished | ate indicated |
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P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22rd Wiscousin State Senate District
(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



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| 1. Tammy Coose | 199 Lynne Dr. | Orown Twin Lakes | 3/7/11 | | | |
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| 3. Willim Eteks | 2068 Mengans Way | O Town Oity City Control City | 3/1/11 | | | |
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| LIC TOCKESON | Twintaker wi | Drown Devillage Twin links | 3/1/11 | | | |
| 1. GARY BORDWSKI | Certification of Circulator | | | | | |
| I reside at 273 WALNUT (narge of circulator) TWIN LAKES W, (circulator's residence - include number, street, and municipality) | | | | | | |
| 1 personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective res §.12.13(3)(a), Wis. Stats. | nally obtained each of the signatures on this pays petition. I know that each person signed the pidences given. I support this recall petition. I am with the property of the pidences given. I support this recall petition. I am with the property of the pr | aper with full knowledge of its content of a tware that falsifying this certification is (signature of circulator) //irch Page No. | on the date indicated punishable under | | | |
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TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

SIGNATURES OF ELECTORS

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

Rups address must also include box or fire no.

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



DATE OF SIGNING

MUNICIPALITY OF RESIDENCE

Indicate Town, City, or Village

☐ Town XI Village ☐ City ☐ Town

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| 10. | | ☐ Town☐ Village☐ City | |
| 1. GARY BOROWSK | Certification of Circu | lator, cer | tify: |
| I reside at 223 WAWUT | KD . TWIN FAKERS realator's residence - include number, street, and municipality | y Wy . pality) | ·· |
| I personally circulated this recall petition and personally circulated this recall petition and personal person | his petition. I know that each person signed esidences given. I support this regard petition | the paper with full knowledge of its content in any aware that falsifying this certification to the content in | nt on the date indicated in is punishable under |
| GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 are This form is prescribed by the Government Accountability Board, P.O. Box 798- 608-266-8008, http://geb.usi.gov/creatit/gab@wi/gov | 19.10, Wis. Stats. I. Madison, WI 53707-7984 P.O. Box 26 • Sil | Iver Lake, WI 53170 • RecallWirch@gmail.com | No. 1855 |

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



| | G PURPOSES, WHEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST | | SUFFICIENT. |
|------------------------|---|---------------------------------|-------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
| Shorye LaPhellipl | TWIN LAKES WY 53181 | TWIN LAKE | 4-5- |
| Will J. Jes | July Fally Wi5318 | O TOWN Savillage TW/N Laker | 45-11 |
| Bernard & Bythell | | D Town D Tillage TWINKAKE 5 | 4-5-1 |
| Willing | 336 MARTIN AUE | D TOWN City TUSIN LAKES | 4/5/11 |
| In Golf | 1625 Swallow Ko | City Twen July | 4/5/ |
| George From | TWIN LAKES.WI. | O City TWIN LAKES | 4.5.1 |
| Dear & Value | JUSA Cakes | Drown | 4-5-11 |
| Jackness | 175 Estat XV | City // A Care | 4/5// |
| Jing Berch 37] | 1718 Sunset 1)r | Town twindokes 10 Village U | 4/5/ |
| miss | 216 OAKRING PR | SKVillage TWIN LAKES | 415- |
| Terry Somm | - · - · - · · - · · · · · · · · · · · · | or, certif | y: |
| side at 611 Gate wood | pame of circulator) Dr Twin Laker culator's residence - include number, street, and municipality) | | |

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov cmail: gab@wi.gov

Please mail this form to:

§.12.13(3)(a), Wis. Stats.

form to: Recall Wirch
P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

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(jurisdiction or district of officeholder)

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§,12.13(3)(a), Wis. Stats.

(date)

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
| Kristin Wochling | 1915 Sycamore St Twin Lakes WI 53181 | Ditown Devillage Twin Lakes | 4/5/11 |
| Com Voelly | 1915 Sycamore St Twin Lakes WI 5318 | O Town 20 Village Twin Lakes | 4/5/1 |
| Valerie L. Brown | 330 SUNDOUST AVE TWIN LUKES, WI | DTown WINLakes | 4/5/11 |
| Links & Miss | Jun June | City Lovin Long | 4-5- |
| hole Millson | 314 W Main | D Town trillage City worn places | 45-// |
| Deff Coone | 199 Lynne Dr TWINLAKES WI 53181 | © Town Novillage © City TW W LAKES | 4-5-11 |
| Marsha Cason | 548 Cratewood On Turn Lales | D Town Drillage Lity Lakes | 4-5-11 |
| Brenda Fain | 320 W. Main St. | O TOWN O City TWINLAKES | 4-5-1 |
| nozille Wearin | 320 W. MAIN ST TWIN LAKES | Dr. City Will LAKES | 4.5-1 |
| Bob Rohr | Thin Lakes | Drown prillage Tuin lakes | 4-5- |
| Terry S | Certification of Circulate | or , certify | : |
| ide at 611 G-97 | ame of circulator) | nlakes | - |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

GAB-170 (Rev. 6/7007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Mailson, WI 53707-7984

GOR-266-8005; http://gab.wiszon ** This form is prescribed by the Government Accountability Board, P.O. Box 7984, Mailson, WI 53707-7984

GOR-266-8005; http://gab.wiszon ** This information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

P.O. Box 26 ** Silver Lake, WI 53170

Www:RecallWirch:com-*-RecallWirch@gmail.com-*

**This form is prescribed by the Government Accountability Board, P.O. Box 7984, Mailson, WI 53707-7984

Www:RecallWirch:com--RecallWirch:@gmail.com-*

**This form is prescribed by the Government Accountability Board, P.O. Box 7984, Mailson, WI 53707-7984

Www:RecallWirch:com--RecallWirch:@gmail.com-*

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Please mail this form to:

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22" Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

§.12.13(3)(a), Wis. Stats.

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madeson, Wi 53707-7984
608-266-3005; http://gat.wi.gov_enuilt_gab@wi.gov_

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



| THE MINICIPALITY USED FOR MAILING | PURPOSES, WIIEN DIFFERENT THAN MUN | UCIPALITY OF RESIDENCE, IS NOT S | UFFICIENT. |
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| | THE MUNICIPALITY OF RESIDENCE MUST | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
| Kathleen & Affrey | 3144 Howden | D Town Dillage Quin Lakes | 4-5-11 |
| 2. Eugene Barboo | 313 Hun 7.7 | Town Solitage Twee false | 4-5-1 |
| 3. Danus Means | 308 Buch Tring | 1 Town Jewin Lakes | 4-5-11 |
| 4. In At | Fin ham Wir 5118 | Grown Grown Washington | 4.5-11 |
| 5. Cet 1/6 | 718 ESTATE DR. | Drown Dryllage TwiN City Lakes | 4-5-11 |
| 6. Stylles | 1902 Smout O. | Bevillage Thinkelles | 4-5-11 |
| 7. Alle Regula | 1620 Pheasant Ave | Town Twin lakes | 4/5/11 |
| 8. I Juhi | 1143 wings look De | Drown ByVillage Luin Lakes | 4/5/11 |
| Patricia ander | 608 Buymas am | PVillage Luni lule | 4/5/11 |
| 10. James 7 Dunfue | 517 Mary Know Ct | City Twistplake | 4/5/11 |
| Te.rr4 | Certification of Circulate | D r | |
| | name of circulator) | , certify | • |
| reside at 6/1/6 q | tewood Dr Twin nulator's residence - include number, street, and municipality) | Lakes | |
| personally circulated this recall petition and personstrict represented by the officeholder named in thi | nally obtained each of the signatures on this pay | per. I know that the signers are electors o | of the jurisdiction on the date indicat |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

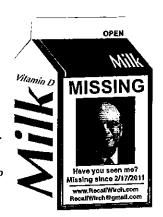
22d District State Senate of Wisconsin

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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| | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | - | UFFICIENT. | |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF SIGNING | |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | BIGITING | |
| 1. Man Muyer | 292 W Park DR. | TWIN Lakes | 4/5/// | |
| 21/21/4 | | ☐ City | / / | |
| 2. MM M 2 | 53/ HOUDA AVE | SLVillage Tww halcy | 4/-5//1 | |
| 3. Syanne Ligh | 718 Estate Dr. | Drown Dryllage Twin / g/45 | 4/5/11 | |
| 4. Corre Burch 1+ | 1449 Richmand | D Town S Village Twin Lakes | 451 | |
| Simble Weber | 415 W. Main | Town Grillage Lowin Laker | 4-5-11 | |
| 6. Dayliph Brown | JSOB STRINGS PRAD TWINLAKES VE () | O Town ArVillage Thin LAKes Ocity | 4-5-11 | |
| 7. U. A Jefexla | 1191 Spyalate | Drown City 1637A PCA | 4/3/1 | |
| 8. Mitael J Frosther | 1342 LUCILE AVE TUW LAKES | Town TVIV LAMES | 4-5-11 | |
| 9. Jan a Weln | 3/4 W MAIN TWIN LAKES | Town TWINLAKE | 4/5/11 | |
| 10. J. Richter | 115 Richter Twin Cakes | Drown A Village TWIN LAKES City | 4/5/11 | |
| Certification of Circulator 1, | | | | |
| (name of circulator) | | | | |
| Treside at 611 Gatewood Dr Twintakes | | | | |
| personally circulated this recall petition and person | ator's residence - include number, street, and municipality) ally obtained each of the signatures on this pap | per. I know that the signers are electors of | of the jurisdiction or | |
| istrict represented by the officeholder named in this | petition. I know that each person signed the p | aner with full knowledge of its content of | n the date indicate | |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Pl

Please mail this form to:

§.12.13(3)(a), Wis. Stats.

(date)

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats

| RECALL PETITION | |
|---|---|
| TO: Wioconsin Government Accountability Board | |
| (official with whom nomination papers or declaration of candidacy for the office is filed) | |
| We, the undersigned qualified electors of the 22 Wiscousin State Senate District | , |
| (jurisdiction or district of officeholder) | |
| petition for the recall of Robert Wirch 22 rd District State Senate of Wisconsin | _ |

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



| | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | | JFFICIENT. | |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | |
| 1. Julitle Paray | 2812 Shady Fane | D TOWN A-Village Jum Lorker | 4-5-11 | |
| 2. Hayly Barry | TWIAL LAKES | a village Thin Lakes | 4-5-11 | |
| 3. Dail W Boung | 1976 Esch Kd. | Drown Si Village Fle in (1)(15 | 4-5-11 | |
| May States | 739 Rossevelt Rd | Drown Bryillage Twih Lakes | 4-5-11 | |
| S | Surface 14 | Drown WIN Lakes | 4/5/10 | |
| 6. Barenel | Z35 Hawthorn DV | Drown Byllege Twin Lakes | 4/5/11 | |
| 7. Kury | 292 W. Park Dr Twin lakes NUT | Drown Willage Thin Lakes | 4/5/11 | |
| 8. J. Fulenshi | 537 MAPleHiM | Drown Dryllage Twinks/8 | 4/5-11 | |
| David Freeman | 1416 EAST LAKESHORE DR. | D Town D Village Twin Lakes | 4/5/11 | |
| O. Duhach Freeman | 1416 E. Lakeshorell. | D Town TWINLAKES D City | 4-5-11 | |
| Certification of Circulator Terry Sommer certify: | | | | |
| eside at 611 Ggtewood | ing of circulator) Dr Twinlakes Jacobs residence - include number, street, and municipality) | • | · | |
| ersonally circulated this recall petition and person | | | | |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No.

Please mail this form to:

§.12.13(3)(a), Wis. Stats.

608-266-8005, http://gab.wi.gov_email: gab@wi.gov

(date)

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TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

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(name of officeholder to be recalled and office)

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| | Rural address must also include box or fire no. | Indicate Town, City, or Village | |
| Augusto Somer | BARLINGTON WE SSIDS | O City BUNCINGTON | 4/1/11 |
| 2. Carrel K. Hal | 3018 Sheard Rd Burlington WI 53108 | Vilon O Village O City Burlington | 4/1/11 |
| Million Brases | Surling to NE 53105 | arown a Village Burlin Hon | 4-1-11 |
| 4. Marahowsk | 571 EdgewoodOr BuffingburlingDu 5705 | a Village Burlington | 4-1-11 |
| 5. SpanBlack | 591 EDGWGG DR BURLINGTON WI 53/05 | U Town U Village DECity DURLINGFON | 41-11 |
| 6. Chery Janu She | Twin Lakes | ELTOWN JULY LAKES | 415/11 |
| 7. Harry | 118 Schors land | atown extillege twintakes a city | 4/5/11 |
| 8. Ain McCrach | TWILL HES N | □ Town ▼Village □ City W in CA-/cc | 4/5/11 |
| 9. CHERYLL BRUNK | 216 OAK C+ | □ Town TO IN LKS © Village □ City | 4.5.11 |
| 10. Knicht Cym | 1849 SUNSET DA TUIN CAKES | Town Pavillage Till I LAICES City | 4-5-11 |
| i, Terry Sommer | Certification of Circulate | o r , certify | : |
| e l' (na | me of circulator) | | |

| 170000 | | 1 | 16th Chice | L City | | |
|---|------------|----------------------------|---|-----------------------------------|------------------------------|-----------------------------|
| i, Terry | '50 | m M. qr | Certification of | Circulator | | , certify: |
| reside at6 | 11 6a | tevo | (name of circulator) | gker wt | | |
| | | Il petition and pe | (circulator's residence - include number, street ersonally obtained each of the signat | tures on this paper. I kn | | |
| | ne. I knov | | this petition. I know that each persection is the residences given. I support this rec | | that falsifying this certifi | ication is punishable under |
| 3.12.13(3)(a), 1415, 316 | (date) | 4/5/11 | | Siknaly (siknaly | Je of circulator) | <i>t</i> |
| GAB-170 (Rev.6/2007) The inform his form is prescribed by the Gove | | rm is required by §§. 8.40 | pase mail this form to: and 9.10, Wis. Stats. 984 Martion, W. 13107,7984 P.O. Box | Recall Wirch 26 • Silver Lake, | WI 53170 | Page No. 861 |
| 08-266-8005, http://gab.wi.gov-er | | | www.RecallWi | irch.com • RecallW | 'irch@gmail.com L | , , |

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608-266-8003, http://gab.wi.gov/cmail.gab@wi.gov

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(jurisdiction or district of officeholder)

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22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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| | THE MUNICIPALITY OF RESIDENCE MUST | | | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include how or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | | |
| 1. A that make | Of tale Good | Diown | 4/5/1/ | | |
| 2. Muharlik Klase | 215 E. School 51 | Drown Provilage Win LAKES | 4/05/11 | | |
| 3. [Older | 2033 Maffhren Ause | D Town Octivities Twin Keekes | 4/05/11 | | |
| 4. any Willens | 2033 mattheway | Town Wilage Wil Cakes | 4/05/11 | | |
| 5. Sherron kinimell | 1973 E Lake Street | O Town Jewindake | 4/5/11 | | |
| 6. Mayne bannel | 1973 E, LAKE SHURE | grown grollege Twin Likes | 4/5/11 | | |
| 7. Dring answorth | Took fatewood her | Davillage y Cakes | 4/5/11 | | |
| Vim Beverly | 2038 Matchew Twin Lakes, W 5318 | D Town Solving from takes | 4-5-11 | | |
| Thomas Theler | 34202 11697 TWIN LAHES W1 53181 | D Town Styllage City TWIN LAHes | 4-5-11 | | |
| 10. | 1920 WILLOW RD | O Town OF Village Ocity Twin LAILES | 4/5/11 | | |
| Terry Somi | Certification of Circulate | or | | | |
| 1, <u>Perr T SOMMER</u> , certify: 1 reside at 611 Get ewood Dr Twin Legkes | | | | | |
| (circulator's residence - include number, street, and municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated apposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under \$12.13(3)(a), Wis. Stats. | | | | | |
| (date) / ' | e mail this form to: Recall V | / (signature of circulator) | | | |

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22rd Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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|---|--|--|--------------------|--|--|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | | |
| Kimberly Lewis | Z311 CAHACINO AVE | O'TOWN O'VIllage O'City Twin Lakes | 4/5/20 | | |
| Paried Welle | 125 Strickland A | Drown Styllage City Tww lakes | 4/5/20 | | |
| Nangy Hutchinson | 810 Paint O' (1) ands | O Town O Village O City Win Lakes | 4/5/2011 | | |
| Rosser Amagason | TUINLOKES WI | D Town Village City Village | 4/5/2011 | | |
| RICH BEAUVE | 210 OAK OT | □ Town Mar Village □ City W/W L AMES | 4-5-11 | | |
| Richard Rzonca | 781 Two the | Promisor Twin LAKOS | 4-5-11 | | |
| Romann Barker | 197 Christle Ct Twin lakes WI | D Town Se Village Twin Lakes | 4-5-1 | | |
| GluBarka | 197 Christie Ct | D Town Si Village City No Lakes | 4-5-1 | | |
| Joele Chi | 1537 Sunset Dr Twindeltes Wi | DKVillage Twin Lakes | 4-5-11 | | |
| o. sunf sunf | 20p MAUREON YWIN LAKE | Offilage City Twin Lakace | 4-5-11 | | |
| Terry Sommer Certification of Circulator , certify: | | | | | |
| | ame of circulator) Dr Twin Lake | - | · | | |

| reside at Table 1 Table 1 Table 1 Table 2 | |
|--|----------|
| (circulator's residence - include number, street, and municipality) | |
| personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that district represented by the officeholder named in this petition. I know that each person signed the paper with full | |
| opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that fall | |
| \$ 12 12(2)(a) Wie State | Mar |
| (date) (signature of cire | culator) |

Please mail this form to:

Recall Wirch

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

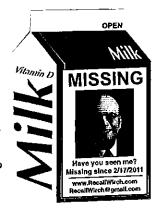
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



| | PURPOSES, WHEN DIFFERENT THAN MUN | | UFFICIENT. | | |
|---|--|---------------------------------|------------|--|--|
| THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF | | |
| | Ruml address must also include box or fire no. | Indicate Town, City, or Village | SIGNING | | |
| 1. Chenter day | 726 Rolge Cuile | Drown by Village Twin Lake | 4/5/// | | |
| 2 | 150) 160 | SVillage City | 437 | | |
| 3. | For Poly Are Ru | GVillage Twitus | | | |
| 4. Legle Hensh | issispyglassc+, | Drivillage World Lakes | 45/11 | | |
| 5. | Residence of the second | City | 4 | | |
| 6. Ken ful | 316 1CRIWIEL | D Town TWW LAKES. | 45-11 | | |
| 7. Niski Meyers | 440 Em Ct. | O TOWN TWIN LAKES City | 4-5-11 | | |
| 8. Brandy Ketchum | 1338 Lucille | Drown Mayor Twin Lakes City | 4-5-11 | | |
| 9. Kim Bushey | 35501 116th St Twin dakes , WI | Prillage / win Lakes | 4/5/11 | | |
| 10. Susan Robinson | 2537 Steinert Rd | Divillage Twik Lakes | 4/5/1 | | |
| Certification of Circulator , certify: | | | | | |
| I reside at 611 Ggt e wood Dr Twin Lakes | | | | | |
| (circulator's residence · include number, street, and municipality) | | | | | |

| I, | erri somin | <i>1er</i> | | | , certify: |
|-------------------|---|-------------------------------|--|------------------------|---|
| I reside at | 611 Gatewood | (name of circulator) | Twin | Lakes | |
| | | (circulator's residence - inc | lude number, street, | and municipality) | |
| district represen | nted by the officeholder named her name. I know their respecti | in this petition. I know | w that each perso support this reca | on signed the paper wi | now that the signers are electors of the jurisdiction or th full knowledge of its content on the date indicated that falsifying this certification is punishable under MMML |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. 1864

GAB-170 (Rev. 62007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Dox 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov cmail: gab@wi.gov

www,RecallWirch.com • RecallWirch@gmail.com

-

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| | PURPOSES, WHEN DIFFERENT THAN MUN | | UFFICIENT. | |
|---|---|---|--------------------|--|
| SIGNATURES OF ELECTORS | THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | |
| 1. Melissa Collins | 1537 Sunset DR | Town XVillage Twin Lakes | 4-5-11 | |
| 2. Seresa Mortensen | 1901 Willow Rd | Drown Strillage Twin Lakes | 4/5/n | |
| 3. for Sunt | 1134 MRZIDAGLIA | Drown Drillage TWINAKGS | 4-5-11 | |
| 1. Bail Swart | 1134 W/ seens Llos | DATAGE TWINLALLES | 1.51/ | |
| 5. Milose Muphy | 710 Eisenhauer Ct | Down By Village Two Lalks | 4-5-11 | |
| "JARED ADAMS | 337 OAK Ridge DR. | □ Town □ Village Twin Lakes | 4-5-11 | |
| 7. Shawna Schutz | 1766 Sycamore | Q Village Lity / Willy Likes | 4-5-11 | |
| 8. Deborgh Steptans | 1809 WUSINERS | D Town P Village (W/N L a DCD) | 45-11 | |
| 9. ly Lung 25 | 120 Toms Ave | UTown Village Twin Lakes City | 4-5-11 | |
| 10. Nather Kawa | 2405 June St | Q City Twee Lakes | 4-5-11 | |
| Certification of Circulator Terry Sommer , centify: | | | | |
| reside at 611 Gate wood Dr Twin Lykes | | | | |
| (circul | lator's residence - include number, street, and municipality) | | | |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am awaye that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

| D: Wisconsin Government Accountabi | lity Board whom nomination papers or declaration of candidacy for the | office is filed) | OPEN |
|---|---|------------------------------------|---|
| e, the undersigned qualified electors of the | | | Mil |
| or or water that | (jurisdiction or district of officeholder) | Vilanin E | MISSIN |
| tition for the recall of Robert Wirch | 22d District State Sexate of Wiscon (name of officeholder to be recalled and office) | 18UL | |
| om office pursuant to Article XIII, Section 1 | 2 of the Wisconsin Constitution and §.9.10 | of the Wisconsin Statutes. | |
| | STATEMENT OF REASON FOR R | | |
| he reason for recall must be stated on petitions for official responsibilities of the officeholder. No s rislative, judicial, or county officials.) | | | Have you seen m Missing since 2/17/ www.RecallWirch.c RecallWirch@gmail. |
| thusing to represent the citizens of W | <u>isconsin 22ª State Senate District i</u> | и Madison. | |
| | | | |
| THE MINICIPALITY HEED FOR MAIL IN | G PURPOSES, WHEN DIFFERENT THAN MUN | NICIDALITY OF BEGINDINGS. IS NOT S | HERIOTENE |
| _ | F THE MUNICIPALITY OF RESIDENCE MUST | | OPPICIENT. |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF |
| | Ruml address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
| I Vinda Bom | Tun Lake: WI 53/8/ F | Williage. Twin Lakes | 14/5/1 |
| 2. (1) | 125 E. Schoolst | | 4/-/ |
| Dana Salta | TWIN LOKES | O City | 15/11 |
| Laure A Kell | THIN IAKUS | Town Twin Lakes | 14/s/i |
| | 7-UTIO TAKES | ☐ City | ` / ~// |
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| i. | | □ Town □ Village | |
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| u. | | ☐ Village ☐ City | |

| Terry Sommer Certification of Circulator | and for |
|--|--|
| I reside at 611 Gate wood Dr Twin Lakes | , certify: |
| (circulator's residence - include number, street, and municipality) | |
| l personally circulated this recall petition and personally obtained each of the signatures on this paper. I know district represented by the officeholder named in this petition. I know that each person signed the paper with fi opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that §.12.13(3)(a), Wis. Stats. | ill knowledge of its content on the date indicated |
| (date) / / / (signature of Please mail this form to: Recall Wirch | Circulator) |

GAB-170 (Rev.6:2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Massison, WI 53707-7984

GOS-266-8005, http://gab.wi.gov

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

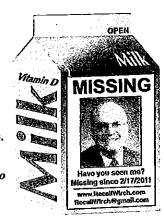
petition for the recall of Robert Wirch 22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)





| | Purposes, when different than mun the municipality of residence must | | UFFICIENT. |
|-------------------------|---|--|--------------------|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF SIGNING |
| 1. Kennett O South | Rural address must also include box or fige no. 10701 - 3 (| Indicate Town, City, or Village Town U Village Parall UCity | 4/5/11 |
| 2. Susan R. Smith | 20701 31 02. Bristol, WI 53104 | A Town D Village Parus D City | 4-5-11 |
| 3. Donne Branchi Schuld | 173/2 - 387 St. Kenosha,WF 53144 | errown U Villege Paris | 4/5/11 |
| 4:7 | 20906 31 STREET UNION GROVE WI 5318Z | DOTOWN DARLS DOILY | 4/5/11 |
| 5. Wang Both | 15420 12+4 STREET KENOSHA, WF 53144 | DIOWN DIVINAGE PARCS | 4/5/11 |
| 6. Applu | UNION GROVE, WI STAR | VITown PARIS | 4/5/11 |
| 7. Stane Root | BRISTOL, WI 53104 | 19CTOWN OF PAIRIS City | 4/5/11 |
| 8. Ben de le | 13101 154 54 Hortovant, WI 537 | | 45.11 |
| 9. Due 19 | 1900 176 fre | Uvillege Paris | 4-5-11 |
| 10. Heidi Schult | 3500213th (lue | Drown Drillage Daris | 45-11 |
| 1, Patrop Porol | Certification of Circulate | or, certif | ỳ: |
| I reside at 38/10 1764 | ame of circulator) LAV KENULY MA | 53144 Paris | <u> </u> |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to: Recall Wirch

GAB-170 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10. Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Marison, Wil 53707-7984

GOS-266-\$005, http://eeb.wi.com* email: gab@wispov

www.RecallWirch.com • RecallWirch@gmail.com

§.12.13(3)(a), Wis. Stats.

TO: Wiscousin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Sexate District

22 District State Senate of Wisconsin petition for the recall of Robert Wirch

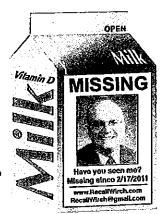
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



| | PURPOSES, WHEN DIFFERENT THAN MUN THE MUNICIPALITY OF RESIDENCE MUST | | SUFFICIENT. |
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| SIGNATURES OF ELECTORS | - STREET & NUMBER OR RURAL ROUTE ~ | -MUNICIPALITY OF RESIDENCE | DATE OF |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
| CINDY PIWOWHACZYK | 13325 213 Ave | CI Village PARIS | 4/5/11 |
| | 332 213 AVE | ∑®(Town \ | 1,/1 |
| him Viwovny | BRISTOL W1 53104 | City PARIS | 4/5/1 |
| Seei Akallero | Un un Corred W 36182 | get Town U Village City Care 1 | 4/5/11 |
| m frage | 3463-213th Aue Bristor WI 531af | UNTOWN Paris | 4/5/1 |
| Jacob Burlen | 1291060th St Bristal W153104 | Q Town Q Village Paris | 4/5/11 |
| monica & churchel | Union GROVE, WI | SQ.Town Uvillage Pari'S | 4-5-6 |
| Jonada Chelmall | 631 1444 Ave | STOWN UVillage City Paris | 4/5/1 |
| Do Kelvi " | 15603 12 ST 1(e-0)1 WI | D-Town Utilage | 4/5/ |
| Nunce Wagner | 20906 315+ 5+ Bushim Grave, WI | Strown Utilage City Paris | 4/5/11 |
| Richard Schrefor | 15509-12th St Kenosha, Wis | STOWN PAVIS DiVillage City | 4/5/ |
| Patrok Poil | Certification of Circulate | D r , certil | fy: |
| ide at 28/0 17612 | ame of circulator) Went Star Late ulator's residence - include number, street, and municipality) | 53144 Paris | · · · · · · · · · · · · · · · · · · · |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

Please mail this form to: Recall Wirch

Page No.

(signature of circulator)

§.12,13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



| The municipality used for mailing purposes, when different than municipality of residence, is not sufficient. | | | | |
|---|---|---------------------------------|-----------------|--|
| THE NAME OF | THE MUNICIPALITY OF RESIDENCE MUST | ALWAYS BE LISTED. | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF | |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING | |
| 1. / | 13400-7Th 5ti | Town U Village | _ , , , | |
| LOW Kammeuzelt | UNION Grove WI | City Tar 15 | 3/13/11 | |
| 2. / | 21623 31st ST | detrown Richton | 3/14/11 | |
| - Lucy fox | Bristal | divillage Brighton | 3/17/11 | |
| 3. | 804 NORTHRIVERSIDE | ☐ Town Co:Village | , | |
| inm BRAGEA | SILVER LAKE WI | City SIKUEN LAITE | 3-18-11 | |
| 4. | 2915- 1685 Ave | GA√Town Ci Village O | 9 (1 | |
| Brian Muhlerbeck | Kenostic wi 53144 | Cicity Pa(12 | 3 4-5-11 | |
| 5 | 21230 15th ST | Town Carlinge Prance | 4-5-11 | |
| " GANY GLAS | UNION GROVE W. 53182 | □ Village PARIS □ City | 9-3 11 | |
| 6. Many Vasings | 13800 1 St. | ₽Town | 4-5-11 | |
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| 7. | 21009 9+4 51, | Z Town | 4.5-11 | |
| " /// /www | Kunsusville WI 53/39 | O City Prv. S | 1.5-11 | |
| 8.00 | 708-136th | Z/Town | 4-5-11 | |
| Han Canadaica | Union Grove WI53185 | Ocly Parix | 9-5-11 | |
| 9. | 1133 200th Ave | ■ Town | 4/5/11 | |
| 1" 20 70 5 | Union Grove WI 53/82 | O Village GIS | 115/11 | |
| 10. (), | 2,501 970 ST | Б -Тоwn | 1-11 | |
| "(his) | Karanine WI | City Village | 1415/1 | |
| | | | <u> </u> | |
| Certification of Circulator | | | | |

| ı | nd | Park | Certification of Circulator | , certify: |
|-------------|------|------|--|------------|
| I reside at | 3810 | | (name of circulator) AV KENDEHU WI 53/144 | Paris |
| | | (ci | replator's residence - include number, street, and municipality) | |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No. \869

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

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\delta \text{form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984}
\delta \text{266-8005, \frac{\text{htm:} \text{item:} \text{emil: gab@wisov} \text{V}
\end{align*}

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the **22^d Wiscousiu State Sexate District** (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d D

GAB-170 (Rev.6/2007) The information on this form is required by \$\$, 8.40 and 9.10. Wit. Stats

608-266-8005, http://gab.wi.gov.email: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, W1 53707-7984

22d District State Senate of Wisconsin

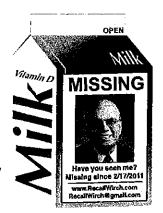
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



Page No.

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| THE MUNICIPALITY USED FOR MAILING | G PURPOSES, WHEN DIFFERENT THAN MUN | CICIPALITY OF RESIDENCE, IS NOT S | UFFICIENT. | | |
| THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | | |
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| | Rural address must also include box or fire no. | Indigate Town, City, or Village | SIGNING | | |
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| Chyles (Gluy | / | YEACHY WYNINGTON | 13/27/2011 | | |
| 2: Anglo Alaura | 316 Conkey St. | SKTOM FIS | /-// | | |
| 1 James Anne | Burlington, WI 53105 | o village Butting for | <i>3</i> 27 1 | | |
| 3. | Hos from + St | lux/Town ✓ | | | |
| In his | 1310 Crossway trd. | Givillage Burling to | 3/27/11 | | |
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| yan makarar | Burlington, WI 53105 | Village Burlington | 3/27/11 | | |
| 5. Ina W . House | 209 W. Jefferson St | Town Quick a 160 | 21 1. | | |
| faral factoring | | Willage BW Ington | 3/27/11 | | |
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| Kand | | Doity Bur Myton | 3-28-11 | | |
| 2011 | 525 Walnut St | □ Town | | | |
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| 8. | 5/6 Walnut St | □ Town | 1 2 | | |
| Viniel balle | Budington ici | City Burlington | 3/28/11 | | |
| 9. | 504/1 Jalaut | Town | 11 | | |
| June Magne | Burlington, WI | Scity Burlington | 3-28-11 | | |
| 10. | 540 Walnut St. | Town | 9 001 | | |
| Dawn Busch | Burlington Wi53be | Grand Durlington | 3-28-11 | | |
| Certification of Circulator | | | | | |
| 1, Charles Krause, certify: | | | | | |
| (name of circulator) | | | | | |
| I reside at 35300 STATE ST. BUNINGTON WIS. 53105 | | | | | |
| (circulator's residence - include number, street, and municipality) | | | | | |
| I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or | | | | | |
| district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. Jam aware that falsifying this certification is punishable under | | | | | |
| §.12.13(3)(a), Wis. Stats. | actices given. I support this tecam peninon. Lam | aware mat faisifying this certification is | punishable under | | |
| State (Nalls / Nause | | | | | |
| (signature of circulator) Please mail this form to: Pocall Mirch | | | | | |
| Please mail this form to: Recall Wirch | | | | | |

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board (official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22dd State Senate District in Madison



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING |
| "Pass El | 3377 115th Street | U Town - 2 Village U Cily Pleasant Prairie | 03-08-11 |
| 2. Jerian Bucharran | 3377 115 St. | Betillage Pleasent Rairie | 3-8-11 |
| 3. Shit feason | 2232 Linuin Rl | U Town U Village Kenasha, W | 3-9-11 |
| 4. Linthamp | 4418 - HARDING RD | O Village KENOSHA, WI. | 3-9-11 |
| 5) | 3240-98- PLACE | Ditown Selvillage Pleasant Prairie | 3-9-11 |
| 6-Mart 8 +15 | 7832-10th Are. | Orono Ovillage Kerosha WI | 3A/11 |
| 1. (Munert) | 9203-6240 cr | Drown Pleasant Parise | 3/9/11 |
| 8. DC | 2319 Buchan Ro Kenesha WE | O Town O Village 1KEn 2542, W. | 03-09-11 |
| 9. Janes Jan John | 3128-5 5 th Are Kenosha U.S. 83144 | Drown Drown Droily Kenoska | 03-15-11 |
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| Certification of Circulator | | | |

| | Certification | of Circulator | | |
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| 1Cb | ad R. Buchanan | | , certify: | |
| I reside at | 3377-115+ Street Plea | sant Prairie | , WI 53158 | |
| | (circulator's residence - include numbe | r, street, and municipality) | | |
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I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

§.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

Page No.

GAB-170 (Rev. 6/2007). The information on this form is required by §§. 8.40 and 9.10, Wis. Stats. This form is prescribed by the Giovernment Accountability Beard, P.O. Box 7984, Madison, WI 53707-7984 668-266-8005, http://gib.wi.gox/email:gab@wi.gox/

(date)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

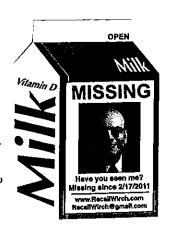
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PI THE NAME OF TI SIGNATURES OF ELECTORS 1. | THE MUNICIPALITY OF RESIDENCE MUST STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | ALWAYS BE LISTED. MUNICIPALITY OF RESIDENCE | |
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| 2. Direct & Piles | Kenosha INT 514 | ☐ Town (/ // iVillage (/ // iXCity | 312/11 |
| 3. Cilar R. Helper | 4 70 3 Harding Rd Kensely, W \$ 53,142 | ☐ Town ☐ Village (// SpCity | 3/6/11 |
| 4. Beth Chilling | 4203 HARDING Rd. | ☐ Town ☐ Village { { } // // // // // // // // // // // // / | 3,6,11 |
| 5. Kane Kingler | 4724 41st 9t. Kenoska W/ 53144 | U Town U yillage U GCity | 3-22-11 |
| 6. Show toll | 14724 4184 ST | □ Town □ Village [{ City | 3/25/11 |
| 7. Jeffy J. Haffer 8 | 3429 99125+ 8/egsart Prairie, WI 53158 | Strillage Pleasant Prairie | 4-2-11 |
| 8. Patricia a Haffeerkamp | 3429-99 St. Pleasant Prairie, Cals | ☐ Town ☑ Village (' // ☐ City | 4-2-1) |
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| Certification of Circulator | |
|---|------------|
| , Michael Riley | , certify: |
| reside at 3402-88th Street Kenosha WI 53142 | · |
| (circulator's residence - include number, street, and municipality) | |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

april 5th, 2011 //

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. |872

| | RECALL PETITION | | |
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| TO: Wisconsin Government Accountabili | ty Board hom nomination papers or declaration of candidacy for the c | Mice is filed) | a Second |
| We, the undersigned qualified electors of the 22 | * ** | | Milk |
| . O | arisdiction or district of officeholder) | | Have you seen me? |
| petition for the recall of Robert Wirch 22 | " District State Senate of Wiscond (name of officeholder to be recalled and office) | | |
| from office pursuant to Article XIII, Section 12 | of the Wisconsin Constitution and §.9.10 (| of the Wisconsin Statutes. | |
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| the official responsibilities of the officeholder. No sta | ntenient of reason is required to initiate the rec | all of state, congressional, | www.RecallWirch.com RecallWirch@gmail.com (262) 298-9422 |
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| 1. Linda Kindo | 3317 Charles St. | □ Town t | 1 0 11 |
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| \neg \cap \cup | ime of circulator) | 2105 Rain (+1) | But L. Ta |
| 1 reside at 3015 Cottonwood | Ct Burlington, WIS later's residence include number dured, and municipality) | 310) INChe Cry | , Duningian 10 |
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| district represented by the officeholder named in this opposite his or her name. I know their respective resi | petition. I know that each person signed the p dences given. I support this recall petition. I ar | aper with full knowledge of its content in aware that falsifying this certification i | on the date indicated a punishable under |
| §.12.13(3)(a), Wis. Stats. 4/6/// | $\mathcal{A}_{\mathcal{L}}$ | inda Rindo | |
| (date) Please | e mail this form to: Recall M | (signature of circulator) | |
| GAB-170 (Rev.6/2007) The information on this form is required by \$5, 840 and 9.1 | iii, Wis. Stats. PO Box 26 • Silver | I PAGE INC | 1873 |
| This form is prescribed by the Government Accountability Board, P.O. Box 7984, M. 608-266-8005; http://gab.wi.gov email: gab@wi.gov | www.RecallWirch.com • Re | | |

| TO: Wisconsin Government Accounts | bility Brard with whom nomination papers or declaration of candidator for the | affice is float | 101210 |
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| . 3 | 22 ^d Wisconsin State Senate Distric | * | Victoria D. Have you seen me |
| petition for the recall of Robert Wirch | 22 District State Senate of Wiscon | win | |
| from office pursuant to Article XIII, Section | (name of officeholder to be recalled and office) 12 of the Wisconsin Constitution and §.9.10 | of the Wisconsin Statutes. | |
| the official responsibilities of the officeholder. N legislative, judicial, or county officials.) | STATEMENT OF REASON FOR Rifer city, village, town, and school district officials, to statement of reuson is required to initiate the re- | The reason must be related to call of state, congressional, | WWW.RecallWirch.com RecallWirch.gonal.com (282) 298-9422 |
| <u>Kehusing to represent the citizens of t</u> | Wisconsin 22 rd State Senate District i | in Madison. | |
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| IL | ing purposes, when different than mui . Of the municipality of residence mus | | is not sufficient. |
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| I, Philip J. Yakish I reside at 164 Monica Au | Certification of Circulat | or · | _, certify: |
| I reside at 164 Monica Au | circulator's residence - include number, street, and municipality) | 3105 | |
| district represented by the officeholder named in opposite his or her name. I know their respective §.12.13(3)(a), Wis. Stats. $4-6-16$ | rsonally obtained each of the signatures on this paths petition. I know that each person signed the residences given. I support this recall petition. I a | paper with full knowledge of its m aware that falsifying this cert lip (Yaliih | s content on the date indicate |
| (dage) Ple | ase mail this form to: Recall \ | (signature of circulator) | Page No. |
| GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40. This form is prescribed by the Government Accountability Board, P.O. Box 75 608-266-8003, http://geb.wi.gov email: gab@wi.gov | | - | Page No. 1874 |

| TO: Wiscousin | Gruerument | Accountabili | lu Board |
|---------------|------------|--------------|----------|

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Sexale District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.

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| I, Vivaent J. Chiration of Circulator | , certify: |
|---|-------------------------------|
| I reside at 22206 SA/EM Rd SA/EM WI 53/68 | |
| (circulator's residence - include number, street, and municipality) | |
| I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsitying this certification. I am aware that falsitying this certification is considered as a constant of the constant of the constant of this certification. I am aware that falsitying this certification is constant of the constant of this certification. | content on the date indicated |

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov wanil: gab@wi.gov

P.O. Box 26 • Silver Lake, WI 53170
www.RecallWirch.com • RecallWirch@gmail.com

Page No. | 1875

Have you seen me

(262) 298-9422

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. 1. JUSTIN HINTZ T131 methenty St. Burlington, at 53105 City 2. HOLLY PHUTY BURLINGTON, and 53105 City 3. Soul Chestnut St. Burlington Wilage City Burlington 3. Soil Chestnut St. Burlington 3. Soil Chestnut St. Burlington Utilage City 5. City 1. Town Utilage City 1. Ci | • |
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| ı. <i>K</i> | 0981 | Kollew | Certification of Circulator | , certify: |
|-------------|------|--------|---|--------------------|
| I reside at | 372 | Conkex | (iname of circulator) Street Burling ton WI 53105 (circulator's residence - include number, street, and municipality) | city of Burlington |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

(date)

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

GAB-179 (Rev. 6/2007) The information on this form is required by §§ 8.40 and 9.10, Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov/cmail: gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison



Page No.

| THE NAME (| F THE MUNICIPALITY OF RESIDENCE MUST | ALWAYS BE LISTED. | |
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| rsonally circulated this recall petition and persicit represented by the officeholder named in the | onally obtained each of the signatures on this particle patition. I know that each person signed the psidences given. I support this recall petition. I an | aper with full knowledge of its content | on the date indicate |

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison.



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Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

Page No. 1878

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.gov_email:gab@wl.gov

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GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wir. Stats.

| We, the undersigned qualified electors of the 22 rd U (urisdice) petition for the recall of Robert Wirch 22 rd Determined to Article XIII, Section 12 of the | tion or district of officeholder) Nistrict State Senate of Wiscond (name of officeholder to be recalled and office) The Wisconsin Constitution and §.9.10 TEMENT OF REASON FOR Rivillage, town, and school district officials, and of reason is required to initiate the reason of reason is required to initiate the reason. | of the Wisconsin Statutes. ECALL The reason must be related to rall of state, congressional, | Have you seen me |
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| <u>epusing to represent the citizens of Wiscon</u> | sul 22-State Senate District i | | |
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| cersonally circulated this recall petition and personally of | sidence - Include number, street, and municipality) Mained each of the signatures on this pan | er I know that the standars are allegators of | Cho hujadiatia |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that fals flying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.&7007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Covernment Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8003, http://gab.wis.gov_email: gab@wisgov

| toto | RECALL PETITION | 1 | |
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| TO: Wisconsin Government Account | phility Board with whom nomination papers or declaration of candidacy for the | affice is filed) | OPEN |
| | e 224 Wisconsin State Senate Distric | / %4 | Milk |
| we, the undersigned qualified electors of th | (jurisdiction or district of officeholder) | Vitamin E | MICCINIC |
| petition for the recall of Robert Wirch | 224 District State Senate of Wiscon (name of afficeholder to be recalled and office) | | MISSING |
| from office pursuant to Article XIII, Section | n 12 of the Wisconsin Constitution and §.9.10 | of the Wisconsin Statutes. | 5 |
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| Kepusing to represent the citizens of | <u>Wisconsin 22⁴ State Senate District i</u> | n maacoon, | <u> </u> |
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| 1, MARK STARZYK | | , certify | : |
| 1 reside at 39405 9200 PL (| owers take w, 53/59 | POBOX 156 Ra | ndall |
| (| circulator's residence - include number, street, and municipality) | | |
| district represented by the officeholder named in | rsonally obtained each of the signatures on this partitis petition. I know that each person signed the persidences given. I support this recall petition. I an | aper with full knowledge of its content of | on the date indicated |
| (date) | ase mail this form to: | (signature of circulator) | · — |
| GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 s. This form is prescribed by the Government Accountability Board, P.O. Box 79 | and 9.10, Wis. Stats. 84. Madison, WI. 53707-7984 P.O. Box 26 • Silver | Lake, WI 53170 | 18-80 |
| 603-266-8005, http://gid.wi.eov cmail: gab@wi.gov | www.RecallWirch.com • Re | ecallWirch@gmail.com | |

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

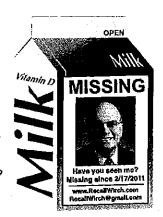
22rd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



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| 2. | 8210 Summit Pl | Stown Ovillage Burlington | 4/5-/11 |
| 3. Stot. Club | 35020 Ridge Rd | Stown Uvillage Barlington | 4/5/11 |
| 4. Ronk . Lishell | 32703 ROBERS 51 | DETOWN DEVILLED BURLANTING | 4/5/11 |
| 5. Sul E. Williams | 8736 Hiltop Dn | Scriven Ovillage Burlington | 4/5/11 |
| Pater Richmond | 32800 Hobers St | De City De Chicado | 4/3/11 |
| 7. BRIAN FLISS | 32673 BayV, EW Dr. | Q Town O Village Sur / Lucton | 4/5/11 |
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| eside at <u>2000</u> (***) | and of circulator) SSWag Rd. Bu | rling ton USI | 5 312 |
| | lator's residence - include number, street, and municipality} | ✓ ′ · | |
| ersonally circulated this recall petition and person trict represented by the officeholder named in this | petition. I know that each person signed the p | aper with full knowledge of its content | on the date indicate |
| posite his or her name. I know their respective resi 2.13(3)(a), Wis. Stats. | dences given. I support this recall petition. I an | aware that falsifying this certification | is punishable under |
| (date) | e mail this form to: | (signature of circulator) | · |
| B-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.1 s form is prescribed by the Government Accountability Board, P.O. Box 7984, Mr. -266-8005, http://gath.wisen-consil: gab@wiseov | 0. Wis. Stats. DO Day OF a Ciliuan | Lake, WI 53170 | 0. 1881 |

TO: Wisconsin Government Accountability Board

SIGNATURES OF ELECTORS

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10. Wis, State

608-266-8005. http://gab.wi.com-email: gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 224 District State Senate of Wiscousin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.

THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

STREET & NUMBER OR RURAL ROUTE

Rural address must also include box or fire no.

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(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.

Please mail this form to:



DATE OF

SIGNING

MUNICIPALITY OF RESIDENCE

Indicate Town, City, or Village

(signature of circulator)

Page No.

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

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| rich represented by the officeholder record in 44: | nally obtained each of the signatures on this par | per. I know that the signers are electors of the jurisdiction | n or |
| osite his or her name. I know their recreetive rec | s pennion. I know that each person signed the pridences given. I support this recall potition. I see | paper with full knowledge of its content on the date indicate | ated |
| 2.13(3)(a). Wis. Stats. | idences given. I support this recall pention. I ar | n aware that falsifying this certification is punishable unde | er |

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 224 Wisconsin State Senate District

petition for the recall of Robert Wirch

(jurisdiction or district of officeholder) 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehwing to represent the citizens of Wisconsin 22" State Senate District in Madison



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| 3. That Dhum | 8601 McHENRY | CHTOWN BURLINGTON | 4/5/11 |
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| 6. tona falome | 33815 Jahnhe Pd | Solown O Village O Wenter | 45-11 |
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| 8. | 33633 Moss Roan | DATOWN UNITED BURLINGTOW | 4-5-11 |
| 9. Loui C Kramer | 8050 Sishman Rd. | D Town Utiliage Burlington | 4/5/11 |
| 10. Paul Kint | 7855 Greendale Ave | Di Town U Village UCity UVILLATION | 4/5/11 |
| Bonnie J. | Certification of Circulate | ncertify. | · |
| reside at 2000 Cross | waa Rdi Burli | 'ngton wit 5 | 3105 |
| personally circulated this recall petition and personally circulated this recall petition and person strict represented by the officeholder reprod in the | culator's residence - include number, street, and municipality) onally obtained each of the signatures on this pa | oper. I know that the signers are electors o | f the jurisdiction or |

| I reside at | rossway Rdi | Burlingto | n WI 53105 |
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| • | (circulator's residence - include number | r, street, and inunicipality) | 7 |
| opposite his or her name. I know their ns. 12.13(3)(a), Wis. Stats. | named in this petition. I know that eac | h person signed the paper with ful | nat the signers are electors of the jurisdiction or knowledge of its content on the date indicated alsifying this certification is punishable under |
| (date) | Please mail this form to: | Becall Wirch | reulator) |

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev. 6/2007) The information on this form is required by §§. 8.40 and 9.10. Wis. Stats.
This form is prescribed by the Government Accountability Board, P.O. Roy 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov. consil: gub@wi.gov

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

<u>Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.</u>



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| 4. Zynne Schmid | 33820 Lynn Ln | DVINAGE Burlington | 4/5/11 |
| 5. Puliar Swife | 34110 Euclid Or | Dillage Burlington | 4/5-11 |
| 6. Cydy Kreuder | 33815 white oak On. | Strown Dillington | 4/5-11 |
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| l reside at | 2000 | (name of circulator) | | Barli | naton | WI 53 |
| district repres | ented by the officeholder na r her name. I know their res | (circulator's residence - include numbers) and personally obtained each of the si mued in this petition. I know that each spective residences given. I support this | gnatures on this paper person signed the pay | er with full knowledge a | of its content on the | date indicated |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6-2007) The information on this form is required by \$§. 8.40 and 9.10. Wis. Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 33707-7984 608-266-8005. http://gab.wi.gov.email: gab@wi.gov

TO: Wisconsin Government Accountability Board

(date)

GAB-170 (Rev.6/2007) The information on this form is required by §§, 8.40 and 9.10, Wis. Stats.

608-266-8005, http://gab.wi.gov email; gab@wi.gov

This form is prescribed by the Government Accountability Board, P.O. Dox 7984, Madison, WI 53707-7984

Please mail this form to:

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22d State Senate District in Madison.



| | G PURPOSES, WIIEN DIFFERENT THAN MUN F THE MUNICIPALITY OF RESIDENCE MUST | | UFFICIENT. |
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| eside at 2000 Gra | name of circulator) SGWAG culator's residence - include number, street, and municipality) | Parlington W | T 5314 |
| ersonally circulated this recall petition and personally circulated this recall petition and personal properties of the posite his or her name. I know their respective re 2.13(3)(a), Wis. Stats. | is petition. I know that each person signed the p | aper with full knowledge of its content of | on the date indicated |

Recall Wiron

P.O. Box 26 • Silver Lake, WI 53170

www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wisconsin State Senate District

petition for the recall of Robert Wirch

22nd District State Senate of Wisconsin (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rebusing to represent the citizens of Wisconsin 22nd State Senate District in Madison.



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| 3. Duha U. Jacob | 8411 Chaually Burlington W.S. | 90 Town Utilage Bullington | 4/3/// |
| 4. O/W/W/ | 1830 HUNACUS UU (| ATTOWN 1 Villege Burlington | 45/1 |
| 5. Cella C. Welk | 33625 Contour Dr | Dily Barly fr | 4/5/11 |
| 6. Land I en | Burknisher WE | YZTTown □ Village \\ | 4/3/11 |
| 7. Inough ITail | Burlusti Lui 53/100 | | 4/5/11 |
| 8. Carolin Bauman | 8790 Country View Jan | De Town Co Village Bulington | 4/5/11 |
| "Chris Walder | Burtington, Livis | ExTown Utiliage BURYNATON | 4/5/11 |
| 10 Lemelled | 8609 PIELD STUNE C | U Village BURLINZITUS | 4-5-11 |
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| 1. DOMME OF METTERNAARM | , certify; |
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| (name of circulator) DA Bunding | 195 5310E |
| I reside at Jeod Cross Waa Rd Durling for | n w 5125. |
| (circulator's residence - include number, street, and municipality) | / |
| I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know | that the signers are electors of the jurisdiction or |
| district represented by the officeholder named in this petition. I know that each person signed the paper with f | |
| opposite his or her name. I know their respective residences given. I support this recall petition. Jam aware that | t falsifying this certification is punishable under |
| §.12.13(3)(a), Wis. Stats. | 10-6000 |
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GAB-170 (Rev.6/2007). The information on this form is required by §§, 8.40 and 9.10. Wis, Stats, This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-1984 www.RecallWirch.com • RecallWirch@gmail.com 608-266-8005, http://gab.wi.gov-email; gab@wi.gov

Please mail this form to:

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is (iled)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

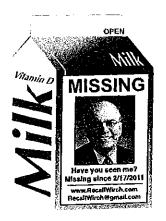
(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Rehusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF |
| \sim | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING |
| " Deshig Koether | Burlington, WI 53/05 | Town Durlington | 4/5/11 |
| 2. Mystla | 109 S. RIVER RA. Buplington, WI53) 35 | Town U Village \t 0 | 4/5/11 |
| 3. O | 29660 BUSHNUL RO BURLINGTON, WIT, 53105 | Ci Town U Village (f // | 4/5/11 |
| Machel Suprise | 29400 Bushall Rd. Burlington, WI 53105 | ☐ Town ☐ Village \ // ☐ City | 4/5/11 |
| 5 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | 300100 BREVER RJ BURLING FUN WI 53105 | ©-Yown □ Village v // □ City | 4511 |
| Elle | Burlington, WI5305 | DXTown □ Village \{ // // □ City | 4/5/11 |
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| Lickeyn Goman | 29643 Durand Ave Buslington WI55105 | XÎ Town Ci Villege Vi // Ci City | 4-3-11 |

| gookig or gornes | Bustington WI 5510.5 | ☐ Cily | • | 9-2-11 |
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| 1. Nelson R. Sohns | Certification of Circula | | , certify | ı. |
| I reside at 2505 Red Oa | (name of circulator) Let Drive Burling 7 | ton, w1 | 5 310 5 | '• |
| (vi | circulator's residence - include number, street, and infinicipal | dity) | | |
| I personally circulated this recall petition and pers district represented by the officeholder named in the opposite his or her name. I know their respective re | this petition. I know that each person signed the | he paper with full | knowledge of its content a | on the date indicate |

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

Page No. 188

GAB-170 (Rev. 6/2007) The information on this form is required by §§, 8.40 and 9,10, Wis. Stats.

This form is presented by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984
608-266-8005, http://gab.wi.cov/

§.12.13(3)(a), Wis. Stats.

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22nd Wisconsin State Squale District

petition for the recall of Robert Wirch 22rd District State Sentate of Wisconsint (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22 State Senate District in Madison.



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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF |
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| Alu Patta | Burlington, W+ 53/05 | Stown Surlington | 4-5-11 |
| Longe & Stoler | 6530 Wheatland R | activillage Burlington | 4-5-11 |
| Hindu R. Ousett | 183 Partiside North Burlington W1 53105 | Dillage BURLING TON | 4/5/11 |
| · A WAT | - Burlington WI 53/05 | Ovillage Burlington | 4/5/11 |
| Joseph Martineald | Burlington W 53105 | D Village // | 4/5/11 |
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| Nelson R. Sohns | Certification of Circulate | or, certify | <i>r</i> : |
| side at 2505 Red Oak | me of circulator) 1) / 1×e Burling lator's residence - include number, street, and municipality) | ton, WI 5310 | 5 |

opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under

Please mail this form to:

§.12.13(3)(a), Wis. Stats.

(signature of circulator)

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(official with whom nomination papers or declaration of candidacy for the office is fifed)

We, the undersigned qualified electors of the <u>22rd Wiocoutsiu State Senate District</u>

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch 22d District State Senate of Wiscontout (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | | |
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| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | | |
| An MAN | 29941 Meadow Dr. BUTLINGTON W/ 53105 | O Village Burlington | 405-11 | | |
| 2. him Del | 29947 Meadow Drive Buxlington WI 53/05 | Dríown Uvillage City | 4.5-11 | | |
| 3. B. 1/6 | Brigh House | Ø Town \ \ | 4-5-11 | | |
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| 5 hister Janese | 30915 Cedar Dr. Burlington, WI 5 3105 | □ Village \\ \ / □ City | 8.5-11 | | |
| 6. / Quen - in worth on a | BURLINGTON Wi | -1⊒Frown □ Village \\ □ City | 4-5-11 | | |
| Sim Colsen | 2115 S. BraunsLakelt Bullington. WI 53105 | ©RTown □ Village □ City // | 45-11 | | |
| 8. IMPLANA | 30809 Weiler RD Burlinton WI 53105 | Da Town □ Village (| 4-5-11 | | |
| "Kan Seven | 3011 S. BrownsLakeDr | ortington Grillage Burlington | 4-5-11 | | |
| 10. DEBPA AWATIN | 30424 FOREST BRIVE BURLINGTON, WI | Strown Utilage BURLINGTON | 4-5-11 | | |
| Certification of Circulator | | | | | |

| KAN DUCK | | a City EM 0114/1011 | 1 0 11 |
|--|--|---|----------------------|
| 10. DEBPA AWAIN | 30424 FOREST BRIVE BURLINGTON, WI | St Town City BURLINGTON | 14-5-11 |
| NI ROL | Certification of Circulate | | |
| 1. Nelson R. Sohns | | , certify | / : |
| Į Įna | me of circulator) | / | |
| I reside at 2505 Red Oak | Drive Burling7 | on WI 33105 | <u> </u> |
| (circu | lator's residence - include number, street, and municipality) | | |
| I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resi §.12.13(3)(a), Wis. Stats. | petition. I know that each person signed the p dences given. I support this recall petition. I an | aper with full knowledge of its content | on the date indicate |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

| | | | | T.L. |
|-----|--------------------|---------------|-------------------------|--------|
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| IU: | LAZIACARANIA | t-miidhuuldut | Heeniutohiviti | Kanad |
| | A a an an inh at a | COCO MAINTAIN | / LCCC-MARKETER COMPANY | Down |

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District (jurisdiction or district of officeholder)

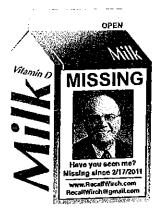
22d District State Senate of Wisconsin petition for the recall of Robert Wirch (name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILIN THE NAME O | G PURPOSES, WHEN DIFFERENT THAN MUS OF THE MUNICIPALITY OF RESIDENCE MUS | NICIPALITY OF RESIDENCE, IS NOT | SUFFICIENT. |
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| Loriaine Oldenburg | Burlington, Wi | A Town Dillage Burlington | 4-5-11 |
| 2. Hang Rolling | Burlington Wisc | Æ(Town II I/ I/ City | 4-5-11 |
| 3. Dahale McDarnell 4. Will I ! lunt | BUMPHAN, WI. | Town U Village I/I U City | 4.5-11 |
| 4. Wil I flunt | 29934 Circle Dr Burlington Wf 53105 | M.Town | 4-5-11 |
| 5. | | ☐ Town ☐ Village ☐ City | |
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| 1. Nelson R. Sohns | Certification of Circulate | | |
| 1, 14e13011 NI JOHNS | | , certify: | 1 |
| I reside at 2505 Red Gal | Drive Burlingto | 1, WI 53105 | |
| (circu | lator's residence - include number, street, and municipality) | , | |
| I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resis §.12.13(3)(a), Wis. Stats. 4-5-201/ | petition. I know that each person signed the p | aper with full knowledge of its content or a aware that falsifying this certification is a | n the date indicated |

Please mail this form to:

Recall Wirch

(signature of circulator)

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22d Wiscousin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22rd District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison



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| 1. Deloris A Marson | Burlington, WF 53105 | Indicate Town, City Prown Village City Bull | 4 | 4/5/11 |
| 2. CMCDowell | 6925 Shagbark In. 53105 Bulington W1 53105 | D'Town ☐ Village ☐ City | <i>h</i> | 4/5/11 |
| 3/holy 7/holy | Burlyten hI 53/05 | XI Town ∧ □ Village □ City | 1 | 4/5/11 |
| A PH | Burlington ut 53105 | Motown ☐ Village \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | (1 | 4-5-11 |
| 5. Jud Jan | Burlington, WI 53/05 | Town D Village D City | h | 4-5-11 |
| 5. Viffamy & Cram | 1825 S. Brownstale Dr. Burlington, WI 53/05 | ☐ Town ☐ Village ☐ City | 11 | 4-5-11 |
| Chiloy Calves | 400 Buntard Dr. | & Town □ Village \\ □ City | 4 | 4-5-1 |
| 3. John Rulach Jr | 30801 KETTERHAGEN RD BURLINGTON, WE. 57105 | | 11 | 4-5-11 |
|) Jacke Delneid | 2100 Breneman Kd Burlyton, WI 53/05 | -€TTown □ Village □ City | Į) | 4/5/11 |
| DARIN A. TIEDT | Buzunti W1 53605 | Arown □ Village \\ □ Cily | 11 | 4/5/11 |

| Nelson R School Certification of Circulator | |
|--|------------|
| I reside at 2505 Red Oak Drive Bur (in 9 ton w) 53 (circulator's residence - include number, street, and municipality) | , certify: |
| (circulator's residence - include number, street, and municipality) | |
| I personally circulated this most position and personally absoluted and activate at the state of | |

recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

> (date) Please mail this form to:

Recall Wirch P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousin State Senate District

GAB-170 (Rev. 6/2007). The information on this form is required by §§, 8.40 and 9.10, Wis. Stats

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov email: gab@wi.gov W

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



Page No.

| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | | |
|--|--|--|--------------------|--|--|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | | |
| 'She lat | 3121 Spring Dr | Strown Ovillage Burlington | 4-2-11 | | |
| Otte Blan | 2705 CROSSWAY | Oction Oction DUPLINGTON | 4-2-11 | | |
| 3. Km M. Adi | 6444 Brever Rd | Strown O'llage Burlington | 4-5-2011 | | |
| 4. Kut ESlille | CA144 BREVEL R.O. | STOWN UVIllage BULLINGTON | 5-APR-11 | | |
| 5. Mark Willen | 3460 Spens Haine | O Town O Village City Burlington | 4-5-11 | | |
| 6. 1 1 | 31103 Isobel Lam | atown City Burlington | 4-5-11 | | |
| 1. Kenneth J. GRANGER | 30010 Woodlawn Dr. | Doubles BurlingTon | 4-5-11 | | |
| 8. J.C. Brasson | USSY BUDIES !! | City BURLINGTON | 4-5-11 | | |
| 9. Manu I med | Bull: 19ton | Town Dillage Bullington | 4-5-11 | | |
| 10. Lym Cramer | 29807 PINEWOOD Dr Burlington WI 53105 | br∕Town // □ Village □ Cily | 4-5-11 | | |
| 1,Mandra 1 | Certification of Circulato | or, certify | 7 | | |
| I reside at 30020 M Many Dr. Bulling To UT. (circulator's residence - include number, street, and municipality) | | | | | |
| I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. Jam aware that falsifying this certification is punishable under | | | | | |
| §.12.13(3)(a), Wis. Stats. | | (signalure of circulator) | | | |
| · Please | e mail this form to: Recall W | /irch | ~ ~ | | |

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wiscousiu State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



| | | | | | |
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| Pages S. Weider | 6252 BREVER RO BURLINGTON WIS3105 | Drown Utilage Burlington. | 4/5/11 | | |
| 2 Chr We dot | Budington NE 5305 | Q7fown j\ □ Village // □ City a | 4/5/11 | | |
| 3 Tolonnes Bernell | 1640 Murphy Ave | Town Burlingfon | 4/5/11 | | |
| Sugar Novaxx | 1823 Landre Ct. | a Town Unlage Builington | 4-5-11 | | |
| 5. Judy Stolk | 29021 Land Valand | □ Town □ Village □ City | ! ! | | |
| 6. Ow Guarter | Bulush WI | Drown Bulington | 45/11 | | |
| 7. La Dollat | 380 Gardha Ave Bully I WI 82/05 | □ Town 0 C Village \\ XCity // | 4/5/11 | | |
| 8. Michael Cool | 28/6 Martin Ter Bunllaton NI 53/05 | D'Town | 4/5/11 | | |
| " Con all arbush | 3000 & Moccasion, Bushington, W. | Orown Dryllage \/ / □ City | 4/5/11 | | |
| 10. Robot In Fry Land | 34415 W Chestnut Burlington WI | B-Town ☐ Village ☐ City | 4-5-11 | | |
| Certification of Circulator | | | | | |

| | (Certification of C | Circulator | |
|---------------------|---|-------------------|------------|
| I, Sankin | Rema | | , certify: |
| I reside at 30000 | (name of circulator) | Burlingen | WI |
| | (circulator's residence - include number, street, a | and municipality) | |

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

| Page No. |893

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

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Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



| | · · · · · · · · · · · · · · · · · · · | | | | |
|---|--|--|--------------------|--|--|
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| 1. Ruly Vanl | 2811 SPRIVE D' | DI TOWN BUZCINGTON | 4/5/11 | | |
| 2. Judith Zellmer | 120 S.RIVER BURLINGTON, WI | Dillage Buplington | 4/5-/12 | | |
| 3. ROLANCIZELLMER | BURNAGTON WI | CXTown O Village BUZHKETON | 4/5/11 | | |
| 4. Bhartuefler | Burlingto WI 53165 | Detrown Durelington | 4/5/11 | | |
| 5. James Molecher | 1611 5 BROWNS LAKED BURLINGTON, VI 53105 | atown Ullage PURLINGTON | 4/5/11 | | |
| 6. Betty a Vor | 30620 Duroul # 6 | Drown City Burlengtone | T 4/5)4 | | |
| 7. Ruhan G. Voz | 30620 WURANS 100 #5 | De Town Ullege Burking 15 a | 4/5/11 | | |
| 8. | Duding ton Wissios | Octown Clyling Burling to w | 4-5-11 | | |
| 9. In Late | 30234 Forest A. 53105 | D'Town U'illage U'ington | 4-5-11 | | |
| 10. | | □ Town □ Village □ Cily | | | |
| <i>A</i> | Certification of Circulato | nr | | | |

| 10. | | ☐ Town☐ Village☐ ☐ City | | |
|---|---|---|----------------------|----------------------|
| I reside at 30030 Mound | Certification of Cinemanne of circulator) Sullator's residence - include number, street, and | to let | , сепібу | : |
| I personally circulated this recall petition and personality circulated this recall petition and personality represented by the officeholder named in the opposite his or her name. I know their respective re §.12.13(3)(a), Wis. Stats. | is petition. I know that each person s | signed the paper with full knowled | lge of its content o | n the date indicated |
| (date) Pleas GAB-170 (Rev. 6:2007) The information on this form is required by §§ R. 40 and § This ferm is prescribed by the Government Accountability Board, P.O. Box 7984, 608-266-8005, http://eathwi.gov (mail: gab@wi.gov) | 2.10, Wis. Stats. Madison, WI 53107-7984 P.O. Box 26 | (signature of circulator) Recall Wirch • Silver Lake, WI 53170 .com • RecallWirch@gmail. | | 1894 |

TO: Wisconsin Government Accountability Board

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22dd State Senate District in Madison



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| | THE MUNICIPALITY OF RESIDENCE MUST | · · | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF | |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING | |
| 1 | 6408 Wheatland Ped | ☑Town □ Village | | |
| Therew M. Miller | Burlington, W1 53105 | a city Burlington | 4-5-11 | |
| 20 | 30000 Moccosin Dr | A Town | | |
| TO JOHN THE STATE OF | Burlanton W. 53105 | City Dulitage | 4-5-11 | |
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| " Willsam & Tohnson | 30134 Burlington 53/05 | □ Village . \\ □ City | 4-5-11 | |
| 5. 1/10/ 6 | 2209 S. Brandeld | M(Town 7) | .,, | |
| " Marellan Dem | Buslin ton | City O'llage | 4-5-11 | |
| 6.9 | 2709 So Mouns Kaked | Ma Town | | |
| Dave Stanfache | Rulington (1) 55/05 | City Durlington | 4-5-11 | |
| 7 2: 01 (80) | 83 50 WHEATTHD LD | ₩ Town | 1 5 11 | |
| "Mellow Weller | Brekrich TON, Win | ÃoVillege 「 // // City | 4-5-11 | |
| 8. 00.1 | 658 Foxtree Circle | □Town i → | | |
| " Yllady Koch | Burlington WI | Strillage Bullington | 4-5-11 | |
| | 3000 | □ Town | | |
| 9. | | ☐ Village | | |
| - - | | City | | |
| 10. | | ☐ Town ☐ Village | | |
| | | □ City | | |
| Certification of Circulator , | | | | |

| | | LI City | |
|---|---|-----------------------------------|--------------------------------|
| I Sandre Kem | Certification of Circulato | or | . certify: |
| I, Jande Hem. I reside at 30020 Mound Circula | ne of circulator) 1 - Bulington tor's residence - include number, street, and municipality) | WF | , 001 |
| (circula | tor's residence - include number, street, and municipality) | , | |
| I personally circulated this recall petition and personal | | er. I know that the signers are e | lectors of the jurisdiction of |

district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under §.12.13(3)(a), Wis. Stats.

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

(signature of circulator)

TO: Wisconsin Government Accountability Board

GAB-170 (Rev.6/2007) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.

This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984

608-266-8005, http://gab.wi.gov email; gab@wi.gov

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22th Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

STATEMENT OF REASON FOR RECALL

(The reason for recall must be stated on petitions for city, village, town, and school district officials. The reason must be related to the official responsibilities of the officeholder. No statement of reason is required to initiate the recall of state, congressional, legislative, judicial, or county officials.)

Refusing to represent the citizens of Wisconsin 22" State Senate District in Madison.



| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. | | | | | |
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| THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF | | |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING | | |
| 11 - H O - | 30120 MOCCASIN DR | ErTown (1.0.41) | 11/2/11 | | |
| "Bun Dayhard | | D Village BURLINGTON | 9/3/11 | | |
| | 32141 BUPRO14 Pr | Town - 4 | / / | | |
| Trul zarch | BATTI CAPITO 14 FT | O City Bruley Ans | 4/5/11 | | |
| 3. | 3HI Fischer Dr | -Er Town | ا بیا | | |
| "Jan Schlater | | city Bur Ington | 4/5/11 | | |
| 4. 1 | 2815 KNOULUSTA | Town | 11/0/01 | | |
| garan wers | | O City Bullington | 40111 | | |
| 5/2/ 0/1 | 130026 MT TOM Rd | A Town Village Village | 4/1 | | |
| Sams Martin | | city Sur Ington | 75/11 | | |
| 6.1 | 30026 mt Ton Rd | Ø.Town (| | | |
| James Martin | | City Surlington | 14/5/// | | |
| 70000 | 2041- (1-da, Dea | Town a - | | | |
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| 8 4 1 1 1/2/11 | 3811 100 St | 15 Town 1 1 1 | 180181 | | |
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| 7371018 110 07 | 3811 Saho St | DXTown . | | | |
| 9. Elalat EVen | 3011 VORD & | O Village & willington | 4-5-11 | | |
| Oligabet & Ver | - 100 | | 7 - 3 - // | | |
| 10. | 2915 MARTEW | Town | 1.111 | | |
| C. J. heulate | TERRIACE | City BULLIOTS | 20 7/S// | | |
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| 1 1 00 | Certification of Circulate | | | | |
| 1, Sandra / l | ma | , certify | 1 | | |
| (name of girculator) | | | | | |
| I reside at 300 20 MOUNT | ulator's residence - include number, street, and municipality) | Copie a Cop | ·• | | |
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| I personally circulated this recall petition and person | | | | | |
| district represented by the officeholder named in this opposite his or her name. I know their respective res | | | | | |
| §.12.13(3)(a), Wis. Stats. /1 / = / / . | mences given. I support this recon petition. I at | 1 | Pintomore under | | |
| _1/9///_ | X/ans | la Klynn | <u>-</u> | | |
| (date) / Ploas | e mail this form to: Recall V | (signature of circulator) | | | |
| Fleas | e mail this form to: 🔻 🛱 🚓 🛭 V | Virch | | | |

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170 www.RecallWirch.com • RecallWirch@gmail.com

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

We, the undersigned qualified electors of the 22 Wisconsin State Senate District

(jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22d District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22rd State Senate District in Madison.



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|--|---|--|----------------------|--|--|
| THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. | | | | | |
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE | MUNICIPALITY OF RESIDENCE | DATE OF | | |
| | Rural address must also include box or fire no. | Indicate Town, City, or Village | SIGNING | | |
| 1. Ron Huatt | 2711 Fischer Dr. | attown Uvillage BUT I naton | 4/5/20 | | |
| 2 Open Stark | 2525 Gurguld (n. | Oxtown Curlington | 4/5/2011 | | |
| 3. Cet Z. Ba | 178 WATERS EDGE CR. BURLINGTON | ■ Town □ Village □ City BURLING-TON | 4/5/2011 | | |
| 4 Mary Gran Britos | 6330 BREVER RD. | DETOWN BURLINGTON | 4/5/2011 | | |
| 5. Dan Bat | 6770 Brever Rl | UVIllage Bullyfon | 4-5-11 | | |
| 6. Joanie Beinecke | 6520 Wheatlandt | Utillage City Surlington | 4.5.11 | | |
| 7. Marchy Diets | Buslinger WI | Strown | 4-5-11 | | |
| Susan DLAnge | Dr Burlington UI 53105 | a city Buckington | 4-5-11 | | |
| 9. DAVID 2 SMIH | DE BURINGTON WIESTE | O Village Burling TON | 4511 | | |
| 10 Jan relatable | 28842-BuShnelle Bullington WI | Town O Village O City By Mg/W | 4-5-11 | | |
| | Certification of Circulate | or | | | |
| 1, Sandra Mem | | , certify | : | | |
| I reside at 30020 Mound Bull Bull Bull Institution (circulator's residence - include number, street, and municipality) | | | | | |
| I personally circulated this recall petition and person district represented by the officeholder named in this opposite his or her name. I know their respective resi §.12.13(3)(a), Wis. Stats. | petition. I know that each person signed the p | aper with full knowledge of its content of | n the date indicated | | |

Recall Wirch

P.O. Box <u>26 • Silver Lake, WI 53170</u> www.RecallWirch.com • RecallWirch@gmail.com Page No.

Please mail this form to:

GAB-170 (Rev.6/2001) The information on this form is required by §§. 8.40 and 9.10, Wis. Stats.
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608-266-8005, http://gab.wi.gov_email: gab@wi.gov

TO: Wisconsin Government Accountability Board
(official with whom nomination papers or declaration of candidacy for the office is fited)

We, the undersigned qualified electors of the 22" Wisconsin State Senate District (jurisdiction or district of officeholder)

petition for the recall of Robert Wirch

22 District State Senate of Wisconsin

(name of officeholder to be recalled and office)

from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and §.9.10 of the Wisconsin Statutes.

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Refusing to represent the citizens of Wisconsin 22th State Senate District in Madison.



| | G PURPOSES, WHEN DIFFERENT THAN MUN OF THE MUNICIPALITY OF RESIDENCE MUST | | SUFFICIENT. | |
|--|--|--|--------------------|--|
| SIGNATURES OF ELECTORS | STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no. | MUNICIPALITY OF RESIDENCE Indicate Town, City, or Village | DATE OF SIGNING | |
| 1. J. My | 29720 Ketterhagen Rd | Ortown Ovillage Burlington | 4/5/11 | |
| 2. Volet May | 29720 Ketterhagen Rd | Dillage Burlington | 4/5/11 | |
| 3. Lorna Kerkman | 28238 Ruand Ave. | Town Utillage City Burlington | 4/5/11 | |
| 4. Tarneth Frekas | 98338 Durand, Are | Strown Di Village Brailing ton | 4/5/11 | |
| 5. Komen broat | 30114 BEACH DR | Drown O Village O City BurlingTow | 4-5-11 | |
| 6. Mohart Pro | 30147 AKKOW DR | Datown Usillage Burlington | 4/5/11 | |
| 7. Plante Mis | Buring Was | X2 Town □ Village t \ // □ City | 4/5/11 | |
| 8. Maicre Ken | 7737 Wheallandha | ortown village Lewlergton | 4-5-11 | |
| " Hather Thomas | 3700 Cross way rd | gi Town O Village Bulmatore | 4-5-11 | |
| 10. Heeder Knoken | 28220 DURAND AVE | UVillage BURCINGTON | 4-5-11 | |
| Certification of Circulator , certify: | | | | |

| i, andra Medille | , certify: |
|--|--|
| reside at 30020 Many (name of circulator | Burlington US |
| (circulator's residence | clude number, street, and municipality) |
| | |
| personally circulated this recall petition and personally obtained | nch of the signatures on this paper. I know that the signers are electors of the jurisdiction or |
| | w that each person signed the paper with full knowledge of its content on the date indicated |
| opposite his or her name. I know their respective residences given | support this recall perition. I am aware that falsifying this certification is punishable under |
| §.12.13(3)(a), Wis. Stats. 4/5/2011 | Sandra Manrer |
| (dg/c) | (signature of circulator) |

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Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

TO: Wisconsin Government Accountability Board

(official with whom nomination papers or declaration of candidacy for the office is filed)

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petition for the recall of Robert Wirch

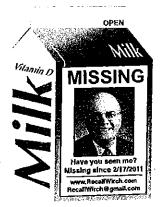
22 District State Senate of Wisconsin (name of officeholder to be recalled and office)

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| 2 bod Bonna | 500 Tower St Bul. | Drown Dillage Bucking Ton | 4-6-11 |
| 3. Luella Clark | 5-42 tower St Best | Drown Cyllage Burling don | 4-6-11 |
| 4. Total veglinge | 132 WestKidgeHVel | U Town U Village U Kity U Kity U Kity | 4-6-11 |
| 5, | | □ Town □ Village □ City | |
| 6. | | ☐ Town ☐ Village ☐ City | |
| 7. | | ☐ Town ☐ Village ☐ City | |
| 8. | | ☐ Town ☑ Village ☐ City | - |
| 9. | | ☐ Town ☐ Village ☐ City | |
| 10. | | ☐ Town ☐ Village ☐ City | İ |
| 7. 8. | Certification of Circulato | □ City □ Town □ Village □ City | |

| i Charles | | | of Circulator | | |
|---|-------------------------------|--------------------------|-----------------------------------|--|-------------------------------|
| I, Charles | Krause | 250 | | | , certify: |
| I reside at 35300 | STate | ST | Burlington | Wis | 53105 |
| | (circulator's res | idence - include number, | street, and municipality) | | • |
| I personally circulated this recall district represented by the officeh opposite his or her name. I know §.12.13(3)(a), Wis. Stats. | iolder named in this petitioi | ı. İknow ihat each | person signed the naper with full | knowledge of its calsifying this certifi | content on the date indicated |
| | | D-1- f | | • | |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No.

GAB-170 (Rev.6/2007) The information on this form is recoined by \$5, 8.40 and 9.10, Wis, Stats. This form is prescribed by the Government Accountability Board, P.O. Box 7984, Madison, WI 53707-7984 608-266-8005, http://gab.wi.gov email; gab@wi.gov

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e <u>22" Wiscousiu State Senate 1</u> (jurisdiction or district of officeholder)

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| Button Haman | 356 Origin Street | o Town Sulfington | 03-31 |
| Janian Putter | 250 Peters Phy | 1 Town 1 Village Besteryton | 3 31 |
| Par Gardner | 248 Peters Parling | Drown Wilage Burking for | 3.31- |
| Vanny & Block | 216 peters phuy | Town Durlingtone Scrip | 3-31- |
| Joyce Reesman | 444 Kower Jan No | D Town D Village Durlington | 3-31- |
| Barb Molita | 454 TOWER LAWN DR | Town Utilage Burlington City | 3-3/ |
| Kany Wallace | 432 TOWELLAWN DR | U Town U Village BUKLTIJG 701 | 3-3/- |
| | | □ Town □ Village □ City | - |
| | | □ Town □ Village □ City | |
| | | □ Town □ Village □ City | |

| 1. Charles | Kraus Certification | on of Circulator | | _, certify: |
|---------------------------------------|---|--|--|-------------------------------|
| I reside at 35300 | (name of circulator) STATE ST. (circulator's residence - include num | Burlington ber, street, and municipality | Wis, | 53/05 |
| district represented by the officehol | etition and personally obtained each of the dernamed in this petition. I know that each of the respective residences given. I support | ach person signed)the paper with fu | III knowledge of its falsifying this certification | content on the date indicated |

Please mail this form to:

Recall Wirch

P.O. Box 26 • Silver Lake, WI 53170

Page No. /900